



County Borough of Dudley

Annual Report

ON THE WORK OF THE

Public Health Services

1934



**P. STANLEY BLAKER, M.R.C.P.(Lond.),
M.R.C.S.(Eng.), D.P.H.(Lond.).**

Medical Officer of Health and School Medical Officer.

SIDNEY SKITT, M.R.San.I., M.S.I.A., M.Inst.P.C.,
Chief Sanitary Inspector and Cleansing Superintendent.



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MEMBERS OF COMMITTEES.
1934.

HEALTH COMMITTEE.

COUNCILLOR J. MOSS, Chairman.

COUNCILLOR J. PRICE, Vice-Chairman.

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THE DEPUTY MAYOR.	" J. C. PRICE.
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COUN. W. DEVONPORT.	" G. TAYLOR.
" F. MORRIS.	" MRS. J. S. TAYLOR.
" J. D. MURRAY.	" H. C. WHITEHOUSE.
	" A. E. YOUNG.

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THE DEPUTY MAYOR.	" MRS. J. S. TAYLOR.
COUN. O. L. BERGENDORFF.	" T. TAYLOR.
" F. MORRIS.	" W. WAKEMAN.
	" A. E. YOUNG.

(Members of the Council).

MRS. BRATT.

MRS. HARVEY.

MRS. W. C. WILLIAMS.

(Co-opted Members).

SCHOOL MEDICAL SERVICE SUB-COMMITTEE.

COUNCILLOR F. MORRIS, Chairman.

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THE MAYOR.	COUN. W. SHUTTLEWORTH
THE DEPUTY MAYOR.	" G. TAYLOR.
COUN. O. L. BERGENDORFF.	" MRS. J. S. TAYLOR.
" A. GRIFFIN.	" T. TAYLOR.
	" W. WAKEMAN.
	" A. E. YOUNG.

(Members of the Council).

MRS. BRATT.

MRS. HARVEY.

MRS. W. C. WILLIAMS.

(Co-opted Members).

STAFF.

Medical Officer of Health and School Medical Officer : P. STANLEY BLAKER, M.R.C.P. (Lond.), M.R.C.S. (Eng.), D.P.H. (Lond.).

Assistant Medical Officer of Health and School Medical Officer : T. KENRICK HUGHES, M.B., B.Ch., D.P.H. (Liverpool).

Venereal Diseases and Maternity and Child Welfare Officer : E. J. GORDON WALLACE, M.B., Ch.B., D.P.H. (Edin.).

Dental Surgeons : D. NELSON, L.D.S. (Eng.), and T. HELMER, L.D.S. (Eng.).

Ophthalmic Surgeon : MR. ST. CLAIR ROBERTS.

Orthopædic Surgeon : MR. WILSON STUART, M.C.

Tuberculosis Officer : (Staffs., Wolverhampton and Dudley Joint Committee) : Dr. D. J. LOUGHRAN.

Chief Sanitary Inspector and Cleansing Superintendent : *SIDNEY SKITT, M.R.San.I., M.S.I.A., M.Inst.P.C.

Deputy Chief Inspector : *H. HOLDEN, M.S.I.A.

District Inspectors : *H. A. RICHARDSON, M.S.I.A., *G. ROLLASON, A.R.San.I., M.S.I.A.

* Qualified Meat Inspectors.

Assistant Inspector : W. H. BOWMAN.

Assistant Cleansing Superintendent : W. FELLOWS, A.M.I.P.C.

Chief Clerk : B. S. WOOD.

General Clerks : G. THOMAS and H. HANCOX.

Welfare Officer : L. W. MASCALL.

Fumigation and Rat Officer : G. PEACOCK.

Veterinary Inspector : MAJOR R. L. GREEN, M.R.C.V.S.

***Temporary Staff. (for Slum Clearance Work.)**

*Assistant Inspectors : A. MOSELEY, A.R.San.I., M.S.I.A. and J. MCKEOWN, Cert.R.San.I.

*Clerk Miss M. HART.

Health Visitors : NURSES EVANS, BLACK, JOHNSON and PLUMMER.

School Nurses : NURSES MUIRHEAD, APPLETON, CAMPBELL and RUTTLEY.

Mental Deficiency Supervisor : NURSE REYNOLDS.

Maternity and Child Welfare : } Chief Clerk : Miss B. TOMLINSON.

School Medical Service : } Junior Clerk : Miss D. LYMN

Midwives residing and practising under the Local Authority in Dudley :
Miss BROWN, Miss CHATTIN, Mrs. DAVIES, Miss HAWKINS,
Mrs. JAMES, Mrs. McLELLAN, Mrs. NIBLETT, Mrs. RAYBOULD
and Mrs. WOOTTON,

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(GENERAL).

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To the Chairman and Members of the Health, Maternity and Child Welfare, and Education Committees of the County Borough of Dudley.

LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the Public Health Services of the County Borough of Dudley for the calendar year 1934.

All sections of the service have worked in liaison with one another and have contributed towards obtaining the best results for the benefit of the people of Dudley. I think it can definitely be said that there is good co-operation between the Medical and the General Sanitary Administration of the Borough, and what is very important, there is a good spirit of team work between all branches of the Public Health Services.

Sanitary Survey. In March of this year (1934) an Official survey of the **Sanitary and Medical Services** of the Borough was made by Dr. Mackintosh of the Ministry of Health. We did not hear the result of this Inspection till October.

In the main the report was a very satisfactory document and the Minister "records his appreciation of the substantial improvement in the Sanitary circumstances of the Borough which has been effected during recent years." What a contrasting report to that which was made in 1927 after a similar survey.

The Minister raised the question of the desirability of making some permanent arrangements with regard to the Isolation and treatment of Infectious diseases, including Measles and Whooping Cough and Epidemic nervous diseases and also for the general sick poor in view of the possible termination of the agreement with the Staffordshire County Council for the admission of Dudley cases to Burton House. Reference was also made with regard to some permanent and satisfactory arrangements for Maternity beds.

The Minister noted with satisfaction the measure of co-ordination between the various Medical services provided by the Council.

During the year a survey was also made of the work of the **School Medical Service** in Dudley by Doctor Robert Weaver—an Inspector of the Board of Education. The communication from the Board to the Local Education Authority states :—

"The Board are glad to learn of the steady progress which has been made since the area was last inspected. The scheme is well organised and administered and the cost is not unreasonable in relation to the scope of the services provided."

It also draws attention to the fact that " Though there is an appreciable improvement in the work of the dental scheme during the past year, it appears to be capable of being further improved with the existing dental staff."

Vital Statistics. There is a slight increase in the estimated population of the Borough, viz.:—60,300, *i.e.* 160 more than the previous year.

The Births have fallen slightly in number, being 1071 as against 1,115 in 1933—the Birth Rate being 17.76 (the lowest figure on record) and 18.54 respectively. In 1903 the Birth Rate was 33.93.

The General Death Rate. This figure works out at 10.79 per 1,000 of the population. In 1926 the general Death Rate was 10.5 which is the lowest on record. That for 1934 comes next.

The Death Rate for England and Wales is 11.8 and for 121 County Boroughs and Great Towns it was also 11.8.

The Infantile Mortality Rate for 1934 is also lower than the year previous being 81.23 as against 84.73.

The **Death Rate** from the **principal Zymotic Diseases** during the year is .75. These diseases are Scarlet Fever, Diphtheria, Measles, Whooping Cough, Typhoid and Para-Typhoid Fevers, Diarrhoea, and Influenza.

Scarlet Fever has been more prevalent during the year, 151 cases being notified to me. The type of the disease has been mild.

Diphtheria too has been more prevalent, in fact the number of cases notified (64) being the highest since 1925. Altogether 54 of these cases were admitted to Hospital where ten died. Some of the cases were of a severe toxæmic type and died soon after admission to Hospital. Diphtheria is essentially a disease where early and immediate treatment is demanded. The ratio of success depends upon this vital point. Anti-toxin is our best known method of treatment, and the earlier the patient receives the injection the better are the chances of recovery.

With regard to **Tuberculosis.** There were 99 cases of all forms notified to me. This figure is 19 more than the year before. The Deaths from Tuberculosis amounted to 56, and this gives a Death Rate of .93.

The General Sanitary Administration of the Borough.

Housing. Each year in my Annual Reports I have stated that Housing problems in Dudley are big. Of recent years many new houses have been built and yet the problem, so far as the working classes are concerned, is still a big one. There are not many towns in the Country where there are so many **old** and

dilapidated houses, where hundreds of people are living under most distressing conditions. In consequence of this knowledge, Dudley's original five year plan for Clearance of Slums has now been pressed into three years and in my opinion it will probably be at least 10 years, steadily pursuing the present policy, before all the old and unfit houses are cleared and replaced with modern dwelling-houses. During the year, in addition to the completion of the clearance of the Birmingham Street Area, two further Areas were inquired into, viz.:—Phoenix Passage and Stafford Street (Garden Walk) and the demolitions have been completed, a total of 78 houses. Also the Dunn Street Area was represented by me in November and with few exceptions has been approved by the Ministry for demolition. This Area included 198 houses. Work in another Area of 101 houses (Pitfield Row) was also commenced during the latter part of the year.

Further Areas have been scheduled for clearance and Inspectors are very busy making the necessary records for this purpose. In order to cope with this enormous amount of work in connection with Slum Clearance, additional temporary staff in the Sanitary Department was sanctioned by the Council.

But apart from Slum Clearance there is an enormous amount of work to be done with regard to Sections 17 and 19 of the Housing Act of 1930. There are a large number of individually unfit houses that can be taken under Section 19 for demolition. The number of houses inspected for this Section was 27. With regard to the Repair Section of this Act (Section 17) 21 houses were inspected and recorded.

In previous years both these figures were much larger, but owing to pressure of work generally, in connection with Slum Clearance, Infectious Diseases Enquiries, and many other duties, there has not been time to pursue this work to any great extent.

In pursuing a vigorous policy of Slum Clearance and demolition of individual unfit houses an equally vigorous policy of putting Section 17 (*i.e.* the repair of such houses as can be made fit under specification) into operation should be followed, otherwise these houses will soon be beyond repair. But additional duties which have been placed upon the Department, has not permitted the accomplishment of this work to the extent that is desirable.

Then there is the question of overcrowding. Not a day passes without one, two or three people calling on me and asking me "to help them get a house" because of overcrowding or because grown up children are sleeping in the same room, yes, even in the same bed. At one time we were able to do quite a lot in this direction but for the past couple of years we have been at a complete standstill, owing to the fact that all new houses erected were only for Slum Clearance schemes.

For the same reason we have not been able to pursue our laudable policy of housing Tuberculosis patients living under dreadful conditions. This has completely fallen into abeyance although we have quite a large list of patients who should be put into more favourable environmental conditions if they are to be given a chance for themselves and also to prevent the spread of infection to others. In the past we housed over 50 such patients and are giving rent assistance to some of them.

What is the use of sending them to Sanatoria under great expense and bringing them back to Slums ?

Very good work continues to be done by the Inspectors with regard to the inspection of the **Food Supplies** of the Borough. A full statement on this subject will be found in Mr. Skitt's Report.

What this inspection involves now-a-days makes me shudder to think what it used to be in the past. All the Sanitary Inspectors are qualified Meat Inspectors and very little short of all the meat slaughtered in the Borough is inspected before it is placed out for sale. The fact that nearly 8 tons of meat was condemned during the year, speaks for the thoroughness with which the inspections are made.

The Milk supply is also very closely watched. There is no doubt that the milk supply has very much improved in recent years. It is better in quality and in the standard of cleanliness. In the Borough there are 2 vendors selling Certified, 2 Grade A.T.T., 15 Grade "A" and 3 Pasteurised Milk. Frequent samples of milk are taken for examination by the Analyst (for quality) by the Bacteriologist (for cleanliness) and by the Biologist (for Tuberculosis). Total number of samples taken 63. A large quantity of milk is now being consumed by the school children in Dudley. During the year 36,863 gallons were consumed at the Schools. The Education Committee paid £1,591 1s. 4d. for free supplies to necessitous and ill-nourished children, and the balance of the bulk was paid for by the parents. Up to 1st of October, 1934, the cost per 1/3 pint bottle was 1d., but since that date under the Milk Marketing Board scheme, the cost fell to ½d. per bottle and this was immediately followed by a big increase in the quantity of milk purchased for school children. This milk is all pasteurised.

Cleansing Service. Since July 1st, 1934, the Street Cleansing Services were transferred from the Borough Engineer's Department and placed under the control of the Sanitary Department. By this means all the Cleansing Services have been partially unified. Gully cleaning, sewer flushing and any street washing or sprinkling, etc., carried out is still being done by the Borough Engineer. It is hoped that this will lead to greater efficiency and perhaps some economy.

The Collection and Disposal of household refuse has continued to work very smoothly and very efficiently. Full information on this subject will be found in Mr. Skitt's Report.

With regard to the **Maternity and Child Welfare Work** and the **School Medical Service** steady progress is being made. All the clinics are very well attended and the numbers seem to be ever increasing.

I am very glad to Report that the Anti-natal Clinics continue to be popular and are well attended, at the Firs, Netherton, and the Priory. A full statement by Doctor Wallace will be found in this Report.

The ear, nose and throat Clinic likewise is also doing very good work and is very well attended. I would refer you to Doctor Dean's account in the body of this Report.

Two substantial additions have been made at the Firs during the year. The one is that we now have a very nice large **waiting room** mostly for the clinics that are held downstairs, viz.:—minor ailments, Dental, Ear, Nose, Throat and Orthopædic. There is no more crowding in the passages of the building as used to be the case. The other acquisition has been the supply of Hot water throughout the Building. This has been a great boon.

Mental Deficiency. I would like particularly to mention the work in connection with the Mental Deficiency Act.

Since the appointment of Nurse Reynolds as Mental Deficiency supervisor this work has been put on a proper basis. The ascertainment of the number of cases in the Borough is becoming more complete and an Occupation Centre is being slowly developed. Work of this character is always difficult and needs a great deal of gentle tact and consideration.

Full details will be found in the body of the Report.

It only remains for me now to tender my best thanks to all who have helped me in my work. I have had the greatest consideration from the Chairman and Members of the Health, Maternity and Child Welfare, School Medical Service and Mental Deficiency Committees. They have always given me sympathetic consideration. I am indebted to the Officials of all other Departments for their help and co-operation. Particularly am I aware of all the help given to me by my own Staff—every one of them. My work has been a pleasure.

I remain,

Your obedient Servant,

P. STANLEY BLAKER.

COUNTY BOROUGH OF DUDLEY.

POPULATION	1911 Census	...	...	...	...	51,079
"	1921 Census	...	...	...	...	57,100
"	1922, estimated	...	...	...	...	57,860
"	1923, estimated	...	...	...	...	58,150
"	1924, estimated	...	...	...	...	58,600
"	1925, estimated	...	...	...	...	58,810
"	1926, estimated	...	...	...	...	58,930
"	1927, estimated	...	...	...	...	59,370
"	1928, estimated	...	...	...	...	58,820
"	1929, estimated	...	...	...	...	58,870
"	1930, estimated	...	...	...	...	58,820
"	1931, estimated	...	...	...	...	60,050
"	1932, estimated	...	...	...	...	59,740
"	1933, estimated	...	...	...	...	60,140
"	1934, estimated	...	...	...	...	60,300

Elevation	{	Cawney Hill	...	...	820 feet above sea level.
		St. Thomas' Church	...	700	" "
		Eve Hill	...	720	" "
		Netherton	...	610	" "
		Woodside	...	570	" "

Geological Formation, Limestone, Carboniferous and Heavy Clays.

Area of the Borough ... 4,065 acres

Number of Inhabited Houses, Census, 1931 ... 13,385

Number of Inhabited Houses, (Estimate, 1934) ... 14,373

The reduced Rateable Value of the Borough for

General Rate at 1st October, 1934 was ... £226,781

2. EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Total.	M.	F.		
Births, Legitimate	1047	530	517	Birth Rate	17.76
" Illegitimate	24	9	15		
Deaths ...	651	333	318	Death Rate	10.79

Number of women dying in, or in consequence of, childbirth :—

From sepsis	...	...	...	...	1
From other puerperal causes	...	...	...	...	2

Deaths of infants under one year of age per 1,000 births :—

Total	...	...	...	...	87
Infantile Mortality Rate (per 1000 Births)...	...	...	...	...	81.23
Deaths from Measles (all ages)...	...	...	...	...	6
" Whooping Cough (all ages)	...	...	...	...	1
" Diarrhoea (under 2 years of age)	...	...	...	...	12
Death Rate from principal Zymotic Diseases	...	...	...	...	.75
Influenza Death Rate	...	...	...	...	.14
Tuberculosis Death Rate	...	...	...	...	.93
Total Deaths under 5 years of age	...	...	...	...	118

BIRTHS.

The Birth Rate figure in Dudley has steadily decreased and was the lowest on record in 1934. There were 1019 live births put to the Credit of Dudley by the Registrar General. There were 510 males and 509 females. In addition there were 52 **Still Births** (29 male—23 female). This makes a total of 1071 births which gives a birth rate of 17.76. In 1933 this figure was 18.54.

The Birth Rate for England and Wales was 14.8 and for 121 Great Towns it was 14.7.

Included in the total number of Births are 24 **Illegitimate Births** (9 males and 15 females). In 1933 this figure was 18.

The Birth Rates for Dudley since 1908 have been :—

Year.		Total Births.		Birth Rate per 1000
1908	...	1610	...	30.26
1913	...	1470	...	28.28
1918	...	1355	...	25.09
1923	...	1314	...	22.71
1924	...	1290	...	22.01
1925	...	1309	...	22.02
1926	...	1335	...	22.60
1927	...	1219	...	20.53
1928	...	1196	...	20.14
1929	...	1107	...	18.80
1930	...	1219	...	20.72
1931	...	1220	...	20.31
1932	...	1181	...	19.76
1933	...	1115	...	18.54
1934	...	1071	...	17.76

DEATHS.

The Registrar General has stated that the total number of Deaths of Dudley residents in 1934 was 651. Of this number 333 were males and 318 females. This gives a General Death Rate of 10.79 per 1,000 of the population of 60,300 in the Borough. There is only one record of a lower figure and that was in 1926 when it was 10.5.

The General Death Rate for England and Wales for 1934 is 11.8 and it is the same figure for 121 of the Great Towns throughout the Country.

The following Table shows the General Death Rate in Dudley since 1900 :—

Year.	General Death Rate. Infantile Mortality Rate			
1900	...	20.45	...	—
1905	...	17.52	...	—
1910	...	14.25	...	151
1915	...	16.31	...	124
1920	...	14.77	...	106
1923	...	12.61	...	86
1924	...	12.45	...	92.24
1925	...	13.5	...	106.2
1926	...	10.5	...	87.89
1927	...	12.4	...	98.44
1928	...	11.06	...	66.88
1929	...	15.09	...	114.7
1930	...	11.6	...	65.62
1931	...	12.9	...	76
1932	...	12.8	...	92.3
1933	...	11.78	...	84.73
1934	...	10.79	...	81.23

MONTHLY DEATH RATE FROM ALL CAUSES.

Year.	Jan.	Feb.	Mar.	Apr.	May.	June & July	Aug.	Sept.	Oct.	Nov.	Dec.
1924.	12.0	16.2	22.3	12.1	11.5	6.59	8.57	6.7	9.7	11.9	8.12
1934.	11.9	10.7	11.2	8.7	9.0	7.2	9.7	6.6	6.6	8.4	7.9 7.2

GENERAL REMARKS ON THE DEATH RATE.

The Registrar General's table of Deaths is given on Pages 36 & 37. From this it is gleaned that 651 deaths of Dudley residents occurred during the year. Some of these Deaths occurred while resident outside the Borough.

The Table in question reveals the fact that 234 deaths occurred in people over the age 65, and 150 under the age of 5 years, 87 of whom were under one year old. Of this latter figure 51 died before the age of *one month*.

Of the total number of Deaths there were 333 males and 318 females.

The following 7 diseases and conditions accounted for 437 of the total Deaths (651), viz.:—

Heart and Circulatory Disease	...	...	...	112
Cancer and Malignant Disease	...	...	...	66
All forms of Tuberculosis	...	...	...	56
Bronchitis	...	...	...	51
Pneumonia	...	...	...	68
Cerebral Hæmorrhage	...	...	...	33
Congenital Debility, Premature Birth, Mal- formations, etc.	...	...	...	51
				<hr/> 437 <hr/>

HEART DISEASE.

This disease continues to claim the largest number of Deaths from one cause. In 1934 there were 112 deaths (46 males and 66 females) more than 1/6th of the total 651. Organic disease of the heart is a dreadful condition once it develops. Its cause in the majority of cases is Rheumatism—especially Rheumatism of the Acute type associated with Fever. If Rheumatism could be done away with altogether from the Category of Diseases, Heart affections and other circulatory diseases would be considerably reduced resulting in a much lower death rate from this cause.

Much can be done to prevent Rheumatism by general means of care and precautions and once Rheumatism has developed again, much can be done to prevent heart complications.

Proper treatment with long rest under the care of a Doctor is the surest way of doing the best to prevent the Heart becoming affected. The same treatment should be applied to Saint Vitus' Dance—a form of Rheumatism affecting the nervous system:

CANCER AND MALIGNANT DISEASE.

There were 13 less deaths from this cause in 1934, viz.:—66 (33 males and 33 females) as against 79 in 1933. I can only quote what I wrote about this disease in my last Report :—

“ This dread disease still pursues its relentless course and claims large numbers of victims throughout the world each year. Much research work is being done on this subject and much has already been achieved in determining the early signs of the disease, both clinically and microscopically ; thus making it possible for patients to seek advice and early treatment. The golden rule to remember is that the earlier these cases are properly treated, the better are the chances of success. In the very early stages complete cures can be effected. The cause of this disease is still a mystery, but with the amount of research work being pursued, one longs and hopes for the dawn of a brighter day.”

TUBERCULOSIS.

In 1934 there were 56 deaths from all forms of Tuberculosis, 50 Pulmonary or lung—(26 males and 24 females) and 6 other forms (2 males and 4 females) *i.e.*, due to infection of other parts such as the spine, the brain, joints, etc. In 1933 there were 68 total deaths from this cause.

The anti-tuberculosis campaign which has been functioning for many years has done much to help towards the reduction of this disease in its incidence and mortality rate.

General improvement in Sanitation has also contributed in this direction, and a great deal has been done by the raising of the General Standard of living and in Education generally.

This disease has, of course, been in a steady decline for many years. One very important factor about it is that the cause is definitely known—viz., the Tubercle Bacillus. This germ can be transmitted from infected people to those that are susceptible. Plenty of fresh air day and night is one of the surest ways of prevention.

BRONCHITIS.

In 1934, 51 people died in Dudley from this cause (25 males and 26 females) and 36 of these deaths occurred in people over 65 years of age—20 of these being over 75 years old. Most of these deaths took place during the winter months. The lungs of old people are much more susceptible to cold, damp and foggy weather.

PNEUMONIA.

In 1934 there were 68 deaths from Pneumonia—this is 15 more than in 1933. There were 40 males and 28 females. As will be seen from the general table at the end of this Report these deaths are distributed all over the different age groups. Tiny infants are very prone to die, but the vigorous adult of 25—40 is by no means exempt. The fact that male deaths are more in number than the females, may be due to the greater exposure that they are liable to in their life. It is a very fatal disease and needs great care and good nursing.

CEREBRAL HÆMORRHAGE.

Deaths due to this cause occur for the most part after middle life. The table in question shows that there were 33 deaths (15 males and 18 females) and that they all occurred after 45 years of age.

The cause of this trouble is that during later life in certain people a degeneration takes place in the walls of the arteries—they are less resilient or elastic and therefore under any strain of effort the blood pressure rises which the arteries are not able to stand and in a weak spot it bursts and lets the blood run out into the tissues. The brain is the usual site where this “burst” takes place because the support to the arteries is weakest there. This condition is commonly known as a “stroke.” Elderly people should therefore avoid strains such as running and lifting heavy weights and the like.

CONGENITAL DEBILITY, PREMATURE BIRTH, MALFORMATIONS, ETC.

This category of causes of deaths takes the extreme other end of the age group. There were 51 deaths from these various causes and they all occurred in the first month of life. Elsewhere I have noted on these deaths as Neo-natal deaths—deaths of the new born baby.

Some of these deaths might be avoided by better ante-natal care of the mother—better food and better living conditions.

In age groups the 651 deaths are allocated as follows, together with the same figures for 1933.

Age Groups.	1933	1934
0 ...	91	87
1 ...	17	20
2 ...	13	11
5 ...	19	32
15 ...	40	40
25 ...	36	40
45 ...	113	103
65 ...	259	197
75+ ...	121	121
	709	651

The following Table shows the number of deaths in each Ward of the Borough :—

Wards.	Number of Deaths during 1934.
St. Thomas' ...	53
Castle ...	99
St. Edmund's ...	30
St. James' ...	60
St. John's ...	70
Netherton ...	113
Woodside ...	54

INFANTILE MORTALITY.

There were 87 babies who died before they were one year old. The Infantile Mortality Rate is 81.23 per 1,000 live births. This is lower than it was in 1933 and 1932. It is still a high figure. In many parts of the Country it is very much lower. A table on page 13 will show the Infantile Mortality Rate since 1910. Why does the baby Death Rate remain at a high figure in Dudley? Is it ignorance in general management, the care and nutrition of the expectant mother, bad housing, congestion, overcrowding, unemployment, large families or tired mothers? When the best part of the Slums are cleared and people put into better environmental conditions I feel sure that it will be one step forward in the right direction towards lowering the Infantile Mortality Rate.

As will be seen from a table at the end of this part of the Report the Infantile Mortality Rate is higher than that in adjoining towns.

Nec-Natal Deaths. In this group are included deaths occurring before the baby reaches the age of **one month**. These deaths numbered 51. So that well over half the Infantile Mortality Rate is accounted for by baby deaths in this period of their life.

From the Death Returns it is noted that 35 of these Neonatal deaths are due to "Debility, Premature Births, Malformations, etc." Many of these deaths might be prevented by better care of the expectant mother.

Below I have classified the causes of Death in all babies under one year old—The table also shows the causes of death in those under one month old.

Total of all deaths under 1 year.				Deaths under 1 month old (included in first column).	
Measles	...	...	1	...	—
Tuberculosis	...	...	3	...	—
Bronchitis	...	...	5	...	—
Pneumonia	...	...	11	...	1
Diarrhoea	...	...	11	...	4
Other Digestive Diseases	...	...	1	...	1
Congenital Debility	...	...	51	...	35
Premature Birth	...	...	
Malformations, etc.	...	...	
Other defined diseases	...	...	4	...	10
			87		51

STILL-BIRTHS.

During the year 52 Still-Births were reported to me. I have referred to these deaths in my report on the Maternity and Child Welfare services on Page 89.

MATERNAL DEATHS.

During the year three maternal deaths occurred. Full reports of these cases are given later.

The Maternal Mortality Rate for the year is 2.80 per 1,000 births. In 1933 it was 1.79.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND NOTIFIABLE DISEASES.

The following table shows the incidence of various Infectious diseases during the past 10 years. In the last column will be seen the number of cases occurring during the year 1934. Scarlet Fever and Diphtheria have been much more prevalent.

	1926.	1927.	1928.	1929.	1930.	1931.	1932	1933.	1934.
Scarlet Fever ...	84	41	21	41	28	58	56	123	151
Diphtheria ...	34	45	38	28	42	31	28	19	64
Puerperal Fever ...	2	3	2	2	2	12	1	7	1
Puerperal Pyrexia	—	7	14	10	4	3	4	3	4
Ophthalmia									
Neonatorum ...	5	5	4	7	4	8	6	7	7
Pneumonia ...	—	—	47	58	38	43	72	69	75
Erysipelas ...	—	—	20	25	16	22	7	7	21
Encephalitis									
Lethargica ...	—	—	3	2	1	1	1	—	2
Continued Fever...	—	—	—	1	—	—	—	—	—
Enteric Fever ...	—	—	—	—	1	—	1	1	2
Anterior									
Poliomyelitis ...	—	—	—	—	1	—	—	—	—
Acute Poliomyelitis									
Encephalitis ...	—	—	—	—	—	1	—	—	—
Cerebro-Spinal									
Fever ...	—	—	—	—	—	1	1	—	3

SMALL POX.

No cases of Small Pox were notified to me during the year.

A summary of the state of **VACCINATION** is given below :—

No. of Births as shown in the Register for the year 1st								
January to 31st December, 1934	...	...	...	...	...	...	...	886
No. of successful vaccinations during the year	...	...	...	...	...	...	...	171
No. of Insusceptibility	...	...	...	...	...	...	...	1
No. of Statutory Declarations under Section 1 of the								
Vaccination Act, 1907	...	...	...	...	...	...	...	605
No. of Deaths un-vaccinated	...	...	...	...	...	...	...	51
No. of Postponements of children unfit for Vaccination	...	...	...	...	...	...	...	5
No. of Removals not found and residing elsewhere	...	...	...	...	...	...	...	9
No. of cases not accounted for in any of the previous								
columns	...	...	...	...	...	...	...	44
TOTAL	...	...	...	...	...	...	...	886
No. of Q. Form Notices issued to parent	...	...	...	...	...	...	...	253
No. of cases visited over 4 months old	...	...	...	...	...	...	...	236

SCARLET FEVER.

During the whole year Scarlet Fever has been more prevalent than usual. The type of this disease has been on the whole mild. Owing to bad housing conditions or overcrowding 74 cases were admitted to Hospital. Three deaths were certified as due to this disease.

	Cases
Between 1 and 5 years old	35
Bewteen 5 and 14 years old	88
Over 14 years old ...	28
Admitted to Hospital	74
Died in Hospital ...	3

DIPHThERIA.

Diphtheria has been more prevalent in Dudley during the year reaching the highest figure of incidence during the past 10 years, viz., 64 cases. Eleven children unfortunately died from this complaint. Some of these cases were of an intense toxæmic character and died within a very short time of admission to Hospital. One case died very suddenly during the apparent convalescent stage. One feels that if Diphtheria cases could be admitted to Hospital at an earlier stage the death roll would not be quite so bad. In many cases the parents do not send for the Doctor soon enough. As I have stated before every case of Diphtheria should be admitted to Hospital as soon as it is diagnosed, unless very good nursing can be secured at home.

Diphtheria **Anti-toxin** can be had from the Central Police Station at any time of day or night by application of the general practitioner.

Likewise **Sterile Diphtheria Swabs** can be had from the "Firs" where a supply is always kept. The result of the examination is telephoned to the doctor as soon as possible. Whenever possible a primary smear is immediately taken from the swab and examined.

Between 1 and 5 years old	...	...	22
Between 5 and 14 years old	...	...	29
Over 14 years	...	...	13
Admitted to Hospital	...	...	54
Died in Hospital	...	...	10
In 1933 there were 19 Diphtheria cases notified to me.			

ENTERIC FEVER.

During the year one case of Enteric Fever was notified. The blood of this man was examined for a Widal's test only a few days before he died. The report of the Bacteriologist was that the blood was positive *Bacillus Typhosus*.

The source of the infection could not be traced.

PUERPERAL SEPSIS.

One case of Puerperal Fever was notified to me during the year. This case was removed to the Sparkhill Hospital in Birmingham where unfortunately she died. Further notes on this case will be found under the Maternity and Child Welfare section of this Report.

PUERPERAL PYREXIA.

Four cases of Puerperal Pyrexia were notified during the year. It was not necessary for any of these to be removed to Hospital. They all recovered.

OPHTHALMIA NEONATORUM.

Seven cases were notified to me during the year. Three of these were severe and were admitted to Hospital (The Guest). Unfortunately one baby lost the sight of both eyes. One eye had to be removed. All cases of discharging eyes are regularly visited by the Health Visitor and are also seen at the Infant Clinics till they are quite well.

Definite arrangements have been made by the Local Authority for cases to be admitted to the Guest Hospital on request. Payment for such cases is made by the Council:—In-patient and Out-patient treatment at the following rate :—

In-patient—8/- a day.

Out-patient—1/6 per attendance.

HOSPITAL ACCOMMODATION FOR THE BOROUGH.

General Hospital. The Guest Hospital is situated in the Borough. This Hospital deals with all conditions both medical and surgical. It is fully equipped with every modern facility for the efficient treatment of all kinds of cases. It includes a large ophthalmic out-patient department, a fully equipped X-ray department, orthopædic department, massage and electricity section and a Bacteriological Laboratory. The Hospital is at the present time under a comprehensive re-building scheme, parts of which have already been completed with every modern device. There is also a large nurses' home attached which was recently built. All the departments are under the care of consultants.

The present available accommodation is 107 beds.

INFECTIOUS DISEASES HOSPITAL.

There is no Infectious Diseases Hospital in the Borough.

An agreement with the Hayley Green (Stourbridge and Halesowen Joint Infectious Diseases Hospital) has been in operation for several years where all Dudley cases are sent. During the recent general prevalence of Scarlet Fever and Diphtheria we have experienced some difficulty in obtaining admission for our cases and have been compelled to seek other accommodation for some of the patients. Thus some patients were sent to Wolverhampton and some to the Birmingham City Infectious Disease Hospital.

At the present time negotiations are taking place for a better arrangement with the Hayley Green authorities who are contemplating enlarging the Hospital.

	Admitted.			Recovered.			Died.		
	S. & H.	W'ton	B'ham	S. & H.	W'ton	B'ham	S. & H.	W'ton	B'ham
DIPHTHERIA ...	48	4	2	40	2	2	8	2	—
SCARLET FEVER	74	—	—	71	—	—	3	—	—

The Hospital arrangements for Puerperal and complicated cases of pregnancy of Dudley patients have been quite satisfactory. These arrangements are noted elsewhere in this Report.

TUBERCULOSIS.

During the year 99 cases of all forms of Tuberculosis were notified to me. These were 19 more than in 1933, the figure for the latter year being 80.

There follows now seven tables which give full details of the various phases of the Disease :—

TABLE I.

Pulmonary :—

Males ...	51
Females ...	34
	<hr/>
	85
	<hr/>

Non-Pulmonary :—

Males ...	5
Females ...	9
	<hr/>
	14
	<hr/>

TOTAL ... 99.

Of the total number, 7 cases were notified by the School Medical Officer.

TABLE II.

Pulmonary Tuberculosis	...	...	...	85
Non-Pulmonary :—				
Glands ...	...	...	...	11
Meningitis	...	...	...	1
Spine ...	...	...	...	2
				<hr/>
				14
				<hr/>
Total	...	...	...	99
				<hr/>

There were 13 other cases, brought to my notice through other sources than by Notification, viz. :—

TABLE III.

Weekly Death Returns	...	...	7
Transferable Deaths from Registrar General	...	...	3
Transfers from other areas	...	...	—
Posthumous Notifications	...	...	—
Other Sources (By Post Mortem Examination made under Authority of Coroner)			3
			—
			13
			—

In every instance these cases are fully investigated and reasons ascertained for not complying with the Tuberculosis Regulations.

The total number of new cases, therefore is 112.

The Deaths due to Tuberculosis numbered 56—50 Pulmonary and 6 Non-Pulmonary. This gives a Tuberculosis Death Rate of .93.

Table IV. shows the duration of time elapsing between the date of notification and the date of Death.

TABLE IV.

	1933	1934
Number of cases of Tuberculosis dying within one month of Notification ...	6	6
Number of cases dying within two months of Notification ...	6	4
Number of cases dying within three months of Notification ...	4	2
Number of cases dying within six months of Notification ...	5	7
	—	—
	21	19
	—	—

The following table shows the Notifications in age groups:—

Table V.

AGE PERIODS.	NOTIFICATIONS.			
	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0 to 1	—	—	—	1
1 to 5	—	—	2	2
5 to 10	3	1	—	1
10 to 15	1	3	—	—
15 to 20	9	4	2	1
20 to 25	5	10	—	2
25 to 35	11	10	1	2
35 to 45	6	4	—	—
45 to 55	12	1	—	—
55 to 65	2	1	—	—
65 and upwards ...	2	—	—	—
Totals	51	34	5	9

In Table VI. will be found figures showing the incidence and Death Rate of Tuberculosis, together with the General Death Rate and Infantile Mortality Death Rate extending over a period of years.

Table VI.

	No. of Cases Notified.	No. of Deaths.	Tuberculosis Death Rate.	General Death Rate.	Infantile Mortality Rate
1915	86	52	.98	16.31	124
1916	97	50	.95	14.97	118
1917	67	62	1.14	13.70	109
1918	58	50	.95	18.25	132
1919	27	48	.89	13.44	105
1920	60	46	.69	14.77	106
1921	59	55	.96	11.66	84.5
1922	69	67	1.15	12.77	87.89
1923	95	51	.87	12.61	86.00
1924	95	59	1.00	12.45	92.24
1925	99	50	.86	13.5	106.2
1926	120	47	.82	10.5	87.89
1927	111	48	.80	12.4	98.44
1928	114	55	.95	11.06	66.88
1929	97	49	.83	15.07	114.7
1930	97	58	.98	11.6	65.62
1931	150	62	1.03	12.9	76
1932	113	65	1.08	12.8	92.3
1933	80	68	1.13	11.78	84.73
1934	99	56	.93	10.79	81.23

Lastly, Table VII. gives a statement of the number of cases of Tuberculosis on the Register on the last day of 1934.

Table VII.

Total No. of Cases on the Register at the End of 1934.						
Pulmonary			Non-Pulmonary			Grand Total
Males	Females	Total	Males	Females	Total	
212	177	389	68	50	118	507

I am sorry to report that during the year we have not been able to follow our policy of re-housing cases of Tuberculosis living under unfavourable and even dangerous conditions. When housing conditions are generally bad in a district it is folly to let open cases live in insanitary and over-crowded houses. Surely it is an appalling waste of money to send a patient to an expensive Sanatorium for 3—4 months or longer and then to return him to his bad conditions of living—only to relapse.

I hope that when the new housing Bill becomes operative we may be able to continue our former arrangements.

VENEREAL DISEASES.

This work is carried out at the Guest Hospital in a clinic recently built in the Hospital grounds close to the main entrance.

Dr. E. J. Gordon Wallace is the Venereal Diseases Officer. He is a Corporation Official and devotes two thirds of his time to this work and one third to Maternity and Child Welfare. Doctor Wallace conducts the Corporation Ante-Natal clinics and thus links up the work of the two Departments.

The following is Doctor Wallace's report :—

I have the honour to submit a report of the work carried out under the Venereal Diseases Scheme during 1934.

During the year, 123 patients were examined, this being 33 fewer than in 1933. The areas contributing the patients and the diagnoses are shown in Table I.

Table 1.

	Dudley.	Worcs.	Staffs.	West Brom.	Total for 1934	Total for 1933
Syphilis	13	6	26	—	45	68
Soft Chancre ...	—	1	—	—	1	3
Gonorrhœa ...	34	11	41	1	87	94
Conditions other than Venereal ...	29	16	44	1	90	91
TOTAL	76	34	111	2	223	256

In addition to these new patients, 169 others who on January 1st, 1934, had not completed their treatment, continued to attend. Eight patients who had been removed from the Register in the previous year reported again for treatment and observation of the same infection. During the year, therefore, 400 cases were under active treatment.

The total attendances made by male patients were 6,821, and by women and children 2,492, making an aggregate of 9,313. This compares with 11,631 in 1933, 10,101 in 1932 and 8,979 in 1931.

An analysis of the diagnoses gives the following results :—

Syphilis	20.18%
Gonorrhœa	39.01%
Soft chancre	0.45%
Conditions other than Venereal	40.36%

There were 23 fewer new patients suffering from Syphilis than during the previous year. This decrease represents largely latent cases of Syphilis, but there was also a slight decrease in the disease in its earlier stages. This is also the general experience of other clinics. The number of fresh cases of gonorrhœa—male and female—was approximately the same as in the previous year.

The Laboratory work was carried out as heretofore by Dr. Menton at the County Bacteriological Laboratory, Stafford, and during the year he performed tests on 662 blood sera and 8 cerebro-spinal fluids.

Nine examinations for the diagnosis of Syphilis and 647 for Gonorrhœa were made at the Clinic by myself.

One hundred and forty one patients were discharged **after** completion of treatment and final tests of cure. Forty-five left before completion of treatment and 5 after completion of treatment but before final tests of cure, notwithstanding the fact that the importance of cure is thoroughly impressed on all patients.

The close inter-departmental working continues between this Centre and the Child Welfare and Ante-Natal Clinics.

For one week in 1934, the film "Damaged Lives" was shown at a local Cinema, and was attended by large audiences. Such propaganda is of great value in arousing public interest in the dangers of venereal infection and in the necessity of having proper treatment.

During the year, there was a prosecution for a contravention of the Venereal Diseases (1917) Act. The offending unqualified person was found guilty and a substantial fine imposed.

In conclusion, I wish to thank my nursing staff and attendants for their most loyal co-operation and assistance.

E. J. GORDON WALLACE, M.B., Ch.B., D.P.H. (Edin.),

*Venereal Diseases and Maternity
and Child Welfare Medical Officer.*

WELFARE OF THE BLIND.

There were on December 31st, 1934, 109 blind persons in the Borough.

By arrangement the care of the Blind people in Dudley is delegated by the Council to the Wolverhampton, Dudley and Districts Institution for the Blind.

All blind persons are now certified by Mr. St. Clair Roberts the Honorary Ophthalmic Surgeon on the Staff of the Guest Hospital. A fee of £1 1s. 0d. is paid for each case examined by him.

The Local Authority now pays the full amount of the Augmentation grant to the unemployable blind.

The Health Visitors visit all Blind persons regularly at intervals.

I give herewith Mr. Thomas's (the Secretary to the Blind Institution) report for the year ended December 31st, 1934.

THE WOLVERHAMPTON, DUDLEY AND DISTRICTS INSTITUTION FOR THE BLIND.

REPORT TO DUDLEY TOWN COUNCIL.

1st January—31st December, 1934.

The responsibility for the Welfare of the Blind under the Blind Persons Act, 1920, is delegated by the Town Council to the Wolverhampton, Dudley and Districts Institution for the Blind. Under the Local Government Act, 1929, the arrangement with the Institution includes:—

1. Registration of all blind persons.
2. Employment of Dudley blind workers in the Institution Workshops at Wolverhampton.
3. Inclusion of Dudley blind homeworkers in the Institution Home Workers' Scheme.
4. Home Teaching and visiting of the Unemployable Blind in their own homes.
5. Administration of the scheme augmenting the income of unemployable blind persons in the borough on the basis of £1 per week.

Registration.

On December 31st there were 109 blind persons on the Institution Register. The following is a classification:—

Children under School Age	...	...	1
Children at School	...	...	2
In Occupational Training	...	...	3
Home Workers	...	...	2
Workshop Employees	...	...	5
Institution Home Teacher	...	...	1
Employed Elsewhere	...	...	3
Mental and other cases in Institutions			4
Unemployables	...	...	88
			109

Employment.

There are five Dudley blind persons employed at the Institution. The earnings of these workers are based on Trades' Union or other recognised rates and each employee receives a weekly augmentation (and if married a dependents allowance) in addition. The average weekly augmentation to each person is 16/-.

The occupations practised are :—

Brushmaking ;
 Matmaking ;
 Machine knitting ;
 Chair seating ;
 Fancy Basket making ;
 Gardening.

During the period under review two trainees in basket making have been receiving instruction at the Institution.

Since the date of the last report two female workers left the Institution and a trainee in basket making successfully passed a proficiency test and was included as a competent worker. In addition, a blind man completed training as a gardener and is now employed as gardener at the Institution.

From the Register classification above it will be seen that a Dudley blind man is employed by the Institution as a Home Teacher.

The death of Mr. R. Smith, who, as a blind collector, rendered nine years' faithful and loyal service to the Institution, is recorded with much regret.

Home Workers.

There are two blind persons resident in Dudley included in the Institution Home Workers' Scheme. These workers also receive weekly augmentation.

Home Teaching and Visiting.

2,090 visits have been made by an Institution Home Teacher to unemployable blind persons in their homes. Through the medium of this service the individual needs of all blind persons are brought to the notice of the Institution. All capable of being taught are given instruction in Braille and Moon reading and writing, and also in simple home occupations.

Very satisfactory results continue to be achieved by the Institution Social Centre held each month in King Street Congregational Church Room. The Meetings are always well attended and excellent musical programmes are provided.

Augmentation of Income.

The income of unemployable blind persons is augmented on a basis of £1 per week. Under this scheme, administered by the Institution on behalf of the Town Council, 63 blind persons received weekly grants.

MENTAL DEFICIENCY ACT, 1913-1927.

During the year satisfactory progress has been made in this work. The Ascertainment has proceeded and many fresh cases have been reported to the Committee.

About the middle of the year Nurse Reynolds was made full time Mental Deficiency Supervisor. Up to that period she had been giving 2/3rds. of her time to Mental Deficiency and 1/3rd. to Health visiting.

The Occupation Centre was moved from the "Firs" to the basement in the Education Offices. In these new premises the centre meets every day from 9.30 to 3 p.m. To meet the extra work involved two ladies were appointed at a salary to look after and instruct the children. A mid-day meal is provided at the centre at a small cost. This is prepared by a part-time cook.

The numbers are gradually increasing. All new cases are brought to my notice by Nurse Reynolds. They are examined by me on Friday mornings and reported to the Committee with my recommendations.

During the year negotiations have been taking place between six Local Authorities including Dudley, for the establishment of a Joint Mental Deficiency Colony on a site near Kidderminster. It is proposed that the accommodation will be for about 600 inmates. These negotiations are proceeding satisfactorily, and it is hoped that in the near future accommodation will be provided for our cases in our own Joint Institution.

I attach herewith a report by the Petitioning Officer, Mr. A. H. Backler :—

(1) Mental Deficiency Acts, 1913-27. Particulars of Mental Defectives as on 1st January, 1935.

A. Number of Mental Defectives ascertained to be "subject to be dealt with" :—

				M.	F.	T.
1.	Under "Order"—					
(2)	(1)	In Institution, 16 years and over...		14	17	31
(a)	(2)	On Licence from Institutions 16 and over		—	1	1
(b)	(1)	Under Guardianship, under 16 years		1	1	2
		16 years and over		—	2	2
2.	In "places of safety"				Nil.	
3.	Under Statutory Supervision			9	12	21
	Of whom, awaiting removal to an Institution			3	1	4

Included in this figure of 21 cases under Statutory Supervision are 11 children between the ages of 7 and 14 who have been notified by the Local Education Authority during the year 1934. They are attending the Occupation Centre at St. James's Road, Dudley. 4 of the cases require Institutional accommodation, and, although repeated applications have been made to various Institutions for accommodation, it has been impossible up to the present to find a suitable Home.

4. Action not yet taken under any of the above headings :—

	M.	F.	T.
(a) Notified by Local Education Authorities (Sec. 2(2))	5	4	9

It may be necessary when further accommodation is obtained to provide occupational centre training for these 9 cases.

(b) Mental Defectives in receipt of Poor Relief :

	M.	F.	T.
(1) Institutional	Nil.		
(2) Domiciliary	5	9	14

It will be observed that there are no cases at present at Burton House and maintained by the Public Assistance Committee who are deemed to be mental defectives and certifiable under the Mental Deficiency Acts. On the 1st January, 1934, particulars were given of 26 cases then accommodated at Burton House, which was an Institution certified under the Mental Deficiency Acts and who were in receipt of Poor Law Relief, but who had not been certified. The Public Assistance Officer has stated that this figure has been deleted from the Return of Mental Defectives as on 1st January, 1935, in view of the fact that there are no cases at Burton House in receipt of Poor Law Relief who can be classed as mental Defectives requiring certification under the Mental Deficiency Acts.

	M.	F.	T.
4. (c) Otherwise "ascertained" ...	17	19	36

The figure of 36 under this heading has been tentatively classified by the Medical Officer of Health as follows:—

Institutional care required ...	7	5	12
Guardianship or statutory supervision and training in an occupation centre ...	10	14	24
			<hr/> 36

B. Number of cases who may become "subject to be dealt with"—

	M.	F.	T.
Under voluntary supervision ...	10	11	21

The figures under this heading are a helpful guide towards obtaining knowledge of incidence of mental defect, and in assuming the future provision that will be needed for care, training and control. All these cases are receiving supervision under the Supervisor and are recommended for occupational training.

Number of above cases on the Registers of Occupation and Industrial Centres:—

	M.	F.	T.
Under Statutory Supervision ...	9	12	21
In Institutions ...	—	1	1
Under Guardianship ...	1	1	2
Under Voluntary Supervision ...	2	4	6

BACTERIOLOGICAL WORK.

This work is done at the "Firs" where there is a small laboratory.

The following examinations were made by Doctor Hughes and Doctor Wallace during the year:—

Diphtheria Swabs ...	495	Positive	37
Sputa for Tuberculosis ...	80	"	9
Ringworm ...	3		
Urethral and Cervical Smears ...	20		
Urines ...	125		
	<hr/>		<hr/>
Total ...	723		46
	<hr/>		<hr/>

Doctor Wallace carries out his Venereal Diseases examinations at the Venereal Disease clinic at the Hospital.

A large supply of Sterile Throat Swabs and sputum pots is available at the "Firs" and can be had by the General Practitioner.

VITAL STATISTICS TABLES

1.—TABLE SHOWING THE COMPARATIVE MORTALITY OF CERTAIN TOWNS IN 1934 AND THEIR BIRTH RATES, Etc.

Town	Population	Birth Rate per 1,000	Death Rate per 1,000	Zymotic Death Rate	Respira- tory Death Rate	Phthisis Death Rate	Infantile Death Rate
England and Wales (1934)	—	14.8	11.8	—	—	—	—
Burton-on-Trent	48,445	14.4	11.16	.19	—	.47	53
Wolverhampton	140,300	16.1	11.3	.19	1.52	.90	57
DUDLEY	60,300	17.76	10.79	.75	2.06	.93	81.23
Worcester	52,600	14.5	14.3	.34	1.75	.75	58.8
Birmingham	1,028,000	15.3	11.0	.40	1.25	.71	68

II.—DEATHS FROM THE PRINCIPAL ZYMOTIC DISEASES

WERE :—

Diseases	Total Deaths	Under 5 years	5 years and upwards
Scarlet Fever	3	—	3
Measles	6	5	1
Diphtheria	11	3	8
Whooping Cough	1	1	—
Small Pox	—	—	—
Typhoid and Paratyphoid Fever	1	—	1
Diarrhoea	14	13	1
Influenza	9	—	9
Totals	45	22	23

III.—THE NUMBER OF DEATHS FROM THE PRINCIPAL ZYMOTIC DISEASES
IN THE VARIOUS WARDS WERE :—

Diseases	St. Thomas	Castle	St. Edmund	St. James	St. John	Netherton	Woodside	Guest Hospital	Stourbridge & Halesowen Hospital	Wolverhampton Hospital
Scarlet Fever ...	—	—	—	—	—	—	—	1	2	—
Diphtheria ...	—	—	—	1	—	1	—	—	7	1
Measles ...	—	2	—	2	1	1	—	—	—	—
Whooping Cough ...	1	—	—	—	—	—	—	—	—	—
Small Pox ...	—	—	—	—	—	—	—	—	—	—
Diarrhoea, etc....	3	1	3	4	—	2	—	1	—	—
Influenza ...	—	2	—	1	—	1	2	1	—	—
Typhoid & Paratyphoid Fever ...	—	—	—	—	—	1	—	—	—	—

IV. Causes of Death at Different Periods during the year 1934.

CAUSES OF DEATH	Sex	AGGREGATE.													
		All ages		Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and up- wards	
		1933	1934												
		1933	1934												
ALL CAUSES	M ...	421	333	54	11	7	14	20	19	22	34	44	59	49	
	F ...	288	318	33	9	4	18	20	21	20	27	40	54	72	
1. Typhoid and Paratyphoid Fever	M	—	1	—	—	—	—	—	—	1	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Measles	M	1	4	1	2	1	—	—	—	—	—	—	—	—	
	F	—	2	—	1	—	—	—	—	—	—	—	—	—	
3. Scarlet Fever ...	M	—	2	—	—	—	—	—	—	—	—	—	—	—	
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	
4. Whooping Cough ...	M	—	1	—	1	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	
5. Diphtheria	M	1	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	5	—	1	1	3	1	—	1	—	—	—	—	
6. Influenza	M	17	6	—	—	—	—	—	2	—	—	—	—	—	
	F	11	5	—	—	—	—	1	—	—	1	1	—	—	
7. Encephalitis Lethargica ...	M	—	4	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	1	—	—	—	—	—	
8. Cerebro-spinal fever ...	M	—	3	—	—	—	—	—	—	2	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Tuberculosis of Respiratory System	M	36	1	—	—	—	—	7	3	1	6	3	1	—	
	F	25	21	1	—	—	1	7	7	2	2	2	—	—	
10. Other Tuberculous diseases	M	2	3	—	—	—	—	—	1	—	—	—	—	—	
	F	4	4	1	—	1	—	2	—	—	—	—	—	—	
11. Syphilis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. General paralysis of the insane, tabes dorsalis ...	M	2	1	—	—	—	—	—	—	—	1	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Cancer Malignant Disease	M	46	33	—	—	—	—	—	—	2	7	11	10	3	
	F	33	33	—	—	—	—	—	1	5	6	8	8	5	
14. Diabetes	M	7	2	—	—	—	—	—	—	—	—	—	—	—	
	F	1	7	—	—	—	—	—	—	—	1	1	1	2	
15. Cerebral Hæmorrhage, etc.	M	27	15	—	—	—	—	—	—	—	—	—	—	—	
	F	24	18	—	—	—	—	—	—	—	2	3	9	4	

V.—DEATHS AT VARIOUS AGE PERIODS.

The subjoined Table gives the Deaths at various age periods for the last fifteen years.

	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Under 1 year ...	184	143	127	113	119	145	117	135	80	146	80	93	109	91	87
Between 1 and 5 years	71	67	83	110	55	115	48	77	57	92	53	54	54	30	31
Between 5 and 15 yrs.	41	35	36	37	65	41	24	34	36	26	26	19	29	19	32
Between 15 and 25 yrs.	29	25	39	40	97	36	67	40	85	46	39	39	35	40	40
Between 25 and 65 yrs.	262	205	247	213	160	223	210	246	154	282	252	260	264	265	227
Over 65 years ...	243	191	207	217	234	233	153	256	239	295	238	313	279	264	234

COUNTY BOROUGH OF DUDLEY.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of Notifications during the period from the 1st January, 1934, to 31st December, 1934.

Age Periods	FORMAL NOTIFICATIONS.											
	NUMBER OF PRIMARY NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS.											
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Under 15	TOTAL ALL AGES
Pulmonary Males ...	—	—	3	1	9	5	11	6	12	2	2	51
“ Females	—	—	1	3	4	10	10	4	1	1	—	34
Non-Pulmonary M.	—	2	—	—	2	—	1	—	—	—	—	5
“ Females	1	2	1	—	1	2	2	—	—	—	—	9
TOTALS	1	4	5	4	16	17	24	10	13	3	2	99
												150

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR

AND CLEANSING SUPERINTENDENT

ON THE

SANITARY CIRCUMSTANCES OF THE AREA

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SANITARY CIRCUMSTANCES

OF THE

COUNTY BOROUGH OF DUDLEY

*To the Chairman and Members of the Health Committee of the
County Borough of Dudley.*

MR. CHAIRMAN, LADY AND GENTLEMEN,

At the latter end of 1929, not very long after I had taken up my duties at Dudley, and whilst touring parts of the Borough with certain members of the Committee, I was asked how long it would take to complete the re-organisation of the Sanitary Department. The reply was "At least five years." I am reminded of this in presenting this my fifth Annual Report, because re-organisation can now be said to be in the main complete.

Progressive development is however still necessary !

If Official proof is necessary of the achievement of the past five years the following extract of a letter from the Ministry of Health dated 6th October, 1934 and following a survey of the Health Services by a Medical Officer of the Ministry, should be sufficient :

" The Minister desires to record his appreciation of the substantial improvement in the sanitary circumstances of the Borough which has been effected during recent years, including the satisfactory arrangements made for the storage, collection and disposal of refuse, and the attention which is being given to the administration of the Milk and Dairies Acts and Orders. He has also observed with interest and appreciation the steps taken by the Council for the re-housing of tuberculous patients and their families. The progress which has been made is such as to encourage him to hope for a steady persistence in the task

of setting the whole public health organisation and provision in Dudley on a sound basis, and he expresses this hope with a full realisation of the difficulties of the Council."

As in the last few years, the Report is divided into important sections, and comment is made with the sectional matter as it seems to be called for. The Housing Service development is, I think, one the Council can be proud of. How far the new Housing Bill, introduced during 1934 primarily as an Overcrowding Bill, will affect Housing progress in the future remains to be seen. So far as Dudley is concerned the following facts are certain.

- (1) The insanitary and unfit housing conditions which still exist in various parts of the Borough are so gross as, in the interest of Public Health to warrant no reduction in effort to secure their removal.
- (2) The need for houses to abate over-crowding conditions is still urgent.
- (3) The 1930 Act house, provided for families removed from houses to be demolished, has, together with the benefit of the 1930 Act rent subsidy provided, for the first time in Dudley, a house which meets the needs of the family with a small income. Any new circumstances which mitigate against the continuance of this provision will, in my opinion, prejudice the ability to secure improvement under items 1 and 2 referred to above.

The experience with flats has been a mixed blessing. The first 32 which were occupied by families, a good many of whom had never before held a separate house tenancy, justified the experiment. The last 32 occupied by families who had previously occupied houses cannot in my opinion be considered to be a success. Any policy which tends to transfer families from houses to Flats, even though the latter may be far and away better structurally and on health grounds than the houses they have left, will require to receive very careful consideration. There is a vast difference between the Flat communities of large Cities and small towns, and if it is desired to encourage good citizenship, as all Local Authorities should aim to secure, care will require to be exercised in the matter of Flats *v.* Houses.

A number of changes were made during the year affecting the Sanitary Department. Amongst the most important was the passing of Alderman Ballard, who was for five years, Chairman of the Health Committee, and played a great part in the re-organisation of the Department. The Department definitely lost a good friend.

Mr. Eckersley, Deputy Chief Sanitary Inspector left on being appointed Chief Sanitary Inspector of Bury. Mr. Eckersley had given good service in his period of three and a half years here. As a consequence of the vacancy created, internal promotions were made.

The whole of the Staff and workmen continued to give splendid service, and to them I am personally indebted, as I am also to the Medical Officer of Health for his encouragement and support, to the Officials of other Departments for their co-operation and last but not least to the Chairman and Members of the Committee for their continued confidence.

I am, Gentlemen,

Yours obediently,

S. SKITT,

*Chief Sanitary Inspector
and Cleansing Superintendent*

HOUSING

OPERATION OF THE HOUSING ACTS, 1925—1930.

Housing Action has continued with unabated zeal during 1934, and has been centred mainly on clearance Areas. Reference to the statistics in the following pages will show the why and wherefore of this action in detail. Experience, however, teaches that the lay mind is in the main satisfied to leave detailed analysis to the expert, and for itself prefers a simple and easily understood reference, even if it does (as it must) leave them in ignorance of many important points. Simply then :—

106 houses were demolished during 1934, because they were unfit for human habitation. Making 437 demolished under the 1930 Act.

307 houses were inspected with a view to demolition. 43 of these were in the Phoenix Passage Area and 35 in the Stafford Street (Garden Walk) Area. These two areas were confirmed for demolition by the Ministry of Health in August and by 31st December, 1934, 52 families had been removed and re-housed.

211 were in the Dunn Street Area which was represented to the Housing Committee on the 16th November, 1934, and which at the time of writing (April, 1935) has for the most part been approved for demolition.

Inspections were also commenced in November for the representation of approximately 100 houses in the Pitfield Row Area.

No slacking there for one year's work, and as mentioned in the 1933 Report, it is perhaps at the expense to some extent of other phases of Sanitary administration. However, it is good work and long overdue.

Four very important decisions relating to Housing Action were made by the Council during the year on the recommendation of the Housing Committee.

They were :—

- (1) To reduce the 1930 five year programme of Slum Clearance to three years and for that purpose to appoint additional temporary staff in the Department of the Town Clerk, Borough Engineer, and Chief Sanitary Inspector.

- (2) To appoint a Welfare Officer for Welfare work on the Council Estates.
- (3) To provide a fumigation service by Hydrogen Cyanide, a very poisonous gas, in connection with removals into Corporation Houses.
- (4) To purchase premises for adaptation as a Common Lodging House.

It is perhaps early yet to report on the result or justification of all or any, but quite definitely it can be said of,

- (1) That we are keeping up to the amended programme.
- (2) That already as this report is in course of preparation in April, 1935, good results are shown (*See Page 81*) and in March, 1935, the Council confirmed the appointment of the Welfare Officer as a permanent post after a period of six months as a temporary one.
- (3) That there is a distinct feeling of confidence, that a one-time fear of wholesale bug infestation of Council Houses is not likely to be realised. Fuller reference is made to the Defestation service on Page 81.
- (4) This had not been completed in 1934.

Many enquiries have been made by various authorities concerning the Council's activities in Housing matters and particularly with reference to the experience of re-housing families from Slum Areas and families having a Pulmonary Tubercular patient, and I am of opinion that this section of Housing would not be complete did I not make some reference to what might be termed the " Human " contribution relative to these points.

Having considered how best to do this I am of opinion that I cannot improve on the reproduction of matter prepared in 1934 by me on this subject for the Venerable Archdeacon A.P. Shepherd, Vicar of Dudley as to re-housing from Slums, and the copy of the letter sent out by Doctor Blaker, Medical Officer of Health, relative to the re-housing of Tubercular cases, and if these are perhaps lengthy I can only plead that the information ought to be of such interest as to need no apology.

**Extract from information sent to the Venerable Archdeacon
A. P. Shepherd on the 6th April, 1934.**

" ' The Human ' problems are a difficulty all their own. In the Birmingham Street and New Hall Street Areas there were at the time of their representation in 1931, 9 Common Lodging Houses and 4 Houses-let-in-Lodgings occupied by 235 persons ; of these only 48 were casual lodgers, the rest (187) were members

of 46 families. Of these latter, many families of six, seven, eight or more occupied one room for all purposes, living and sleeping, and 6/- to 9/- was a common rent for such accommodation. The sanitary arrangements beggared description.

During February and March of this year (1934) what was perhaps the worst spot of all was cleared, and the following summary of facts concerning the removal of the families concerned may possibly prove illuminating.

Sixteen families were removed from six Lodging Houses into Corporation flats. They were removed **free of charge** by Corporation Transport. **Every** article allowed to be moved from the old premises to the new was thoroughly disinfected by steam or fumigation. All straw mattresses were burned, as were many other articles. A new flock mattress was **given** to replace the burnt ones. In a good number of cases the families had no furniture of their own. In these cases a complete outfit of bedsteads and bedding was **loaned** free by the Corporation. Approximately twenty complete sets were provided in all. In brief, the maximum possible assistance was given by the Corporation to secure that so far as was reasonably possible every family had a **clean** start and barest necessities for a **home** as well as a house.

The sixteen families had in total occupied 21 rooms for all purposes. Each family now has a separate flat of two or three bedrooms in accordance with needs, or in total 72 rooms as against 21.

The bulk rent paid for the 21 rooms was—£6 16s. 0d.

The bulk rent now paid for the 72 rooms is—£4 1s. 8d.

Each family is now paying **less** than under the old conditions.

These changed conditions do not end the problem. In some cases they will be responsible for new ones, particularly if the families are left to their own salvation. The problems include the infestation of the new premises from the old, the manner of the response by the people to their new conditions—particularly as to care of public property, cleanliness, damage, arrears of rent, etc. Unquestionably there will be an added charge to the local exchequer to supervise and maintain the 1930 estates.

Three years experience, however, has shown to those best equipped to know and able to judge by making comparison between old and new, that the small but always conspicuous failures only serve to show up the aggregate benefits and successes, particularly as applied to the rising generations.

Other problems could be illustrated, but one with a spice of humour about it will suffice. A house to be demolished may be occupied by one person only. A new house or flat is not given to one person. In a number of cases it has been necessary to secure agreement between widows or spinsters that they will live together, and in one case two bachelors have agreed to live together. By this means it was possible to offer a new house and demolish the old. It has not as yet been necessary to use the glamour of a new house as a matrimonial solution in such cases."

Re-housing of families having a Pulmonary Tubercular member.

Copy of a letter sent out by the Medical Officer of Health by request from other Authorities regarding the re-housing of Tubercular cases.

" In November, 1929, arrangements were made between the Housing and Health Committees whereby 50% of the tenants of Corporation Houses were provided by each Committee.

The tenants provided by the Health Committee were to be families from unfit houses which were to be demolished ; from conditions of over-crowding ; and for families where there were one or more persons suffering from Pulmonary Tuberculosis, and who were living under bad housing conditions. Since that date 52 families have been re-housed on the grounds of Tuberculosis.

The procedure adopted is that enquiries are first made by the Sanitary Inspector to ascertain the existing housing conditions. In most cases the attention of the Department has been drawn to the cases by the Tuberculosis Officer. The particulars of the cases are then submitted to the Health Tenancy Committee and if the latter are satisfied that improvement can be obtained in housing conditions, recommendation is made to the Housing Committee, who in most cases accept the families as tenants.

The Health Committee has provided a sum of £100 per annum to be used for rent assistance for tuberculosis families whose income seems barely sufficient to warrant increased payment of rent. At the moment 12 cases are receiving rent assistance to the value of £1 18s. 6d. per week, and to a maximum of 3/9 each in any individual case. Rent assistance ceases as soon as the tubercular patient dies.

In each case, before the key of the house is handed to the family, an Agreement is signed.

The families concerned are visited from time to time by the Chief Sanitary Inspector, a Nurse, and myself. The results are not 100% satisfactory but we are of opinion that the conditions found on visit have definitely justified the procedure. Arrears of rent have occurred, and some of the houses are not as clean as we

would like to see them. In most cases, however, we are satisfied that the provision of the better housing conditions and the better opportunity for isolating the patient from the rest of the family by a separate bed, and, when possible, bedroom, has materially helped to prevent the spread of infection.

I enclose herewith a specimen agreement in use in this County Borough for the loan of beds, bedding, etc., and also a summary of the families re-housed as Health Committee cases since the inauguration of the scheme in 1929.

I may add that the agreement mentioned in Paragraph 5 of this letter is a copy of the one used in Sheffield, and was obtained by us from Sheffield when a Questionnaire was issued to other Districts asking for information on the subject."

TABLE 1.
HOUSING ACT, 1930. OPERATION OF SECTION 17.
(Repairs Section).

No. of Houses inspected and recorded—21.				Statutory Notices—			
Preliminary Notices—				Served			
Served	...	...	10	Served	...	...	10
*Complied with	...	...	41	Complied with	...	...	18
*Work commenced	...	...	57	Work commenced	...	...	25

* These figures have reference also to Notices served 1932—1933.

Analysis of Housing Accommodation and Type.

HOUSING ACCOMMODATION. No. in brackets indicates number of houses in that class having scullery in addition.			Back to Back.	Blank back Wall.	Through vent or light.	Through Houses.	Court Propert- ies.
1 B.R. & 1 L.R.	2	(1)	1	—	—	1	—
2 B.R. & 1 L.R.	3	(2)	1	—	—	2	—
3 B.R. & 1 L.R.	—	(—)	—	—	—	—	—
2 B.R. & 2 L.R.	10	(1)	—	—	—	10	—
3 B.R. & 2 L.R.	6	(—)	—	—	—	6	—
3 B.R. & 3 L.R.	—	(—)	—	—	—	—	—
4 B.R. & 2 or 3 L.R.	—	(—)	—	—	—	—	—
Housing having more than above	(—)		—	—	—	—	—

1 2 B.R. and 1 L.R. house with scullery attached and 1 2 B.R. and 2 L.R. house transferred to Section 19 action.

Analysis of Conditions Found.

CLOSET ACCOMMODATION.	Separate	...	...	...	...	10
	Common to 2 houses	...	...	...	...	6
	" " 3 houses	...	...	...	...	—
	" " 4 or more houses	...	...	...	...	—
	Type : Water Closet	...	...	...	...	16
	Other Types	...	...	...	...	—
WATER SUPPLY.	Separate	...	...	...	...	14
	Common to 2 houses	...	...	...	...	1
	" " 3 houses	...	...	...	...	—
	" " 4 or more houses	...	...	...	...	1
	Well Water	...	...	...	...	—
WASH-HOUSE ACCOMMODATION.	Separate	...	...	...	...	14
	Common to 2 houses	...	...	...	...	1
	" " 3 houses	...	...	...	...	—
	" " 4 or more houses	...	...	...	...	1
FOODSTORE.	Satisfactory	...	...	...	...	—
	Common with Coals	...	...	...	...	—
	Other unsatisfactory	...	...	...	...	20
	No provision	...	...	...	...	1
YARDS.	Paved	...	...	...	...	11
	Unpaved	...	...	...	...	1
	Part Paved	...	...	...	...	5
	Separate	...	...	...	...	2
	Common to 1—6 houses	...	...	...	...	5
	" " 6—12 houses	...	...	...	...	—
SINKS AND BRICK SILLS.	" " over 12 houses	...	...	...	...	—
	Scullery :	No. of sinks	...	...	...	2
	" " brick sills	...	...	...	...	1
	Wash-house :	" " sinks (sep.)	...	...	...	8
	" " " (com.)	...	...	...	...	1
	" " sills (sep.)	...	...	...	...	5
	" " " (com.)	...	...	...	...	1

TABLE 2.
HOUSING ACT, 1930. OPERATION OF SECTION 19.
(Demolition Section for Individual Houses).

No. of Houses inspected and recorded—27.

No. of Dem. Orders served	32	No. of Undertakings accepted:	
No. of houses demolished...	68	A. To make fit	1
No. outstanding for demolition	83	B. Not to re-use for human habitation...	2
		No. actually made fit	15

Analysis of Housing Accommodation and Type.

HOUSING ACCOMMODATION. No. in brackets indicates number of houses in that class having scullery in addition.	Back to Back.	Blank back Wall.	Through vent or light.	Through Houses.	Court Prop- erties.
1 L.R. only — (—)	—	—	—	—	—
1 B.R. & 1 L.R. 1 (1)	—	1	—	—	1
2 B.R. & 1 L.R. 19 (3)	4	2	10	3	2
3 B.R. & 1 L.R. — (—)	—	—	—	—	—
2 B.R. & 2 L.R. 4 (—)	—	—	1	3	—
3 B.R. & 2 L.R. 3 (2)	1	—	1	1	1
3 B.R. & 3 L.R. — (—)	—	—	—	—	—
4 B.R. & 2 or 3 L.R. — (—)	—	—	—	—	—
Housing having more than above — (—)	—	—	—	—	—

Analysis of Conditions Found.

CLOSET ACCOMMODATION.	Separate	8
	Common to 2 houses	12
	" " 3 houses	—
	" " 4 or more houses	—
	Type : Water closet	14
	Other Types	6
WATER SUPPLY.	Separate	13
	Common to 2 houses	3
	" " 3 houses	1
	" " 4 or more houses	3
	Well Water	—
WASH-HOUSE ACCOMMODATION.	Separate	13
	Common to 2 houses	1
	" " 3 houses	1
	" " 4 or more houses	3
	No provision	4
FOODSTORE.	Satisfactory	—
	Common with coals	5
	Other unsatisfactory	20
	No provision	2
YARDS.	Paved	8
	Unpaved... ..	7
	Part Paved	11
	Separate	6
	Common to 1—6 houses	7
	" " 6—12 houses	—
	" " over 12 houses	—
SINKS AND BRICK SILLS	Scullery : No. of sinks	1
	" " sills	3
	Wash-house : " " sinks (sep.)	6
	" " " (com.)	5
	" " sills (sep.)	2
	" " " (com.)	—
	No provision	5

TABLE 3.
HOUSING ACT, 1930. OPERATION OF SECTION 1.
(Clearance Areas).

No. of houses inspected and recorded—277.

Analysis of Housing Accommodation and Type.

HOUSING ACCOMMODATION. No. in brackets indicates number of houses in that class having scullery in addition.			Back to Back.	Blank back wall.	Through vent or light.	Through houses.	Court Prop- ties.
1 Room only	1	(—)	—	—	1	—	—
1 B.R. & 1 L.R.	16	(2)	5	4	2	5	4
2 B.R. & 1 L.R.	121	(47)	29	10	23	59	42
2 or 3 B.R. 1 L.R. and shop	10	(2)	—	—	—	10	—
3 B.R. & 1 L.R.	2	(1)	1	—	—	1	—
2 B.R. & 2 L.R.	95	(9)	2	1	1	91	8
3 B.R. & 2 L.R.	16	(5)	—	—	1	15	—
3 B.R., 2 L.R. & shop	2	(2)	—	—	—	2	—
3 B.R. & 3 L.R.	3	(—)	—	—	—	3	—
4 B.R. & 2 or 3 L.R.	5	(2)	—	—	—	5	—
4 B.R., 1 or 2 L.R. & shop	2	(—)	—	—	—	2	—
Premises having more than above	4	(1)	—	—	—	4	—

Analysis of conditions found.

CLOSET ACCOMMODATION.	Separate ...	...	...	...	...	48
	Common to 2 houses	...	...	...	...	85
	" " 3 "	...	...	...	...	13
	" " 4 or more houses	...	...	...	...	5
	Type : Water Closet	...	...	...	...	148
	Other Types (Pail closets)	...	...	...	...	3
WATER SUPPLY. ...	Separate ...	...	...	...	...	65
	Common to 2 houses	...	...	...	...	23
	" " 3 "	...	...	...	...	9
	" " 4 or more houses	...	...	...	...	24
	Well Water	...	...	...	...	—
WASH HOUSE ACCOMMODATION	Separate ...	...	...	...	...	90
	Common to 2 houses	...	...	...	...	24
	" " 3 "	...	...	...	...	11
	" " 4 or more houses	...	...	...	...	21
FOODSTORE.	Satisfactory	...	...	...	...	1
	Common with Coals	...	...	...	...	43
	Other unsatisfactory	...	...	...	...	181
YARDS.	Paved ...	...	...	...	...	31
	Unpaved	...	...	...	...	3
	Part paved	...	...	...	...	45
	Separate ...	...	...	...	...	18
	Common 1—6 houses	...	...	...	...	49
	" 6—12 "	...	...	...	...	11
SINKS AND BRICK SILLS.	" over 12 houses	...	...	...	...	1
	Scullery :	No. of sinks	...	...	...	40
	" " sills	...	...	...	...	10
	Wash-house :	" " sinks (sep.)	...	...	...	24
	" " sinks (com.)	...	...	...	...	42
	" " sills (sep.)	...	...	...	...	4
	" " " (com.)	...	...	...	...	14

NOTE.—3 licensed houses and 1 de-licensed house have been included under column "Premises having more than above."

TABLE 4.

PARTICULARS OF RE-HOUSING OF FAMILIES FROM UNFIT HOUSES, OVERCROWDED HOUSES AND HOUSES OCCUPIED BY PERSONS SUFFERING FROM TUBERCULOSIS, ETC.

The figures given are for houses allocated by the Health Committee under the 50/50 agreement with the Housing Committee, commencing November, 1929, and ending December 31st, 1934.

Families Removed : 1929, 34 ; 1930, 350 ; 1931, 150 ; 1932, 155 ; 1933, 300 ; 1934, 85 ; Total: 1,074.

Conditions causing Removal.		Families Re-housed.	
(1) Caravans	...	...	17
(2) Corporation—	Having T.B. patient and being		
(Munition Hutments)	overcrowded	...	3
"	being overcrowded	...	12
"	For other purposes	...	87
(3) Overcrowding only	...	...	376
"	with T.B. in family	...	32
(4) Specials	...	...	13
(5) Street widening	...	...	21
(6) Unfit house only (individual Section 19)	...	...	201
"	with T.B. in family	...	2
"	with overcrowding	...	69
(7) Tuberculosis only	...	...	15
(8) Birmingham Street Slum Clearance Area	...	...	159
(9) New Hall Street Slum Clearance Area	...	...	17
(10) Phoenix Passage Slum Clearance Area	...	...	27
(11) Stafford Street (Garden Walk) Slum Clearance Area	...	...	23

Of the Tuberculosis cases, 12 were in receipt of financial assistance to a maximum of 3/9 each, in any individual case on December 31st, 1934.

The number of families in receipt of financial assistance under the 1930 Act on the 31st December, 1934 was 200, and the average amount of assistance given, *i.e.* deducted from net rent, was 2/- per week per family.

HOUSING.

Summary as required by Ministry of Health.

1.—Inspection of dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	925
---	-----

(b)	Number of inspections made for the purpose (includes re-inspections)	4252
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	327
(b)	Number of inspections made for the purpose	1316
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	304
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	621

2.—Remedy of Defects during the year without service
of Formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	268
--	-----

3.—Action under Statutory Powers during the Year :—

A.—Proceedings under Sections 17, 18 and 23 of the
Housing Act, 1930 :—

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs...	10
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners	13
(b)	By Local authority in default of owners ...	5

B.—Proceedings under Public Health Acts :—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	178
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a)	By owners	43
(b)	By local authority in default of owners ...	13

C.—Proceedings under sections 19 and 21 of the Housing Act, 1930.

(1)	Number of dwelling-houses in respect of which Demolition Orders were made ...	32
(1a)	Number of undertakings accepted—To make fit 4, not to re-let 2	6
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	68

D.—Proceedings under Section 20 of the Housing Act, 1930 :—

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made... ..	2
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
	Visits and re-visits connected with Housing and not recorded above	151
	(These were in connection with re-housing defesting, enquiries and investigation).	

The following is a summary of the Return submitted to the Ministry of Health on December 31st, 1934 as to the progressive achievement under the Housing Act, 1930.

Part I. of the Act : Clearance Area.

No. of unfit dwelling-houses demolished	170
No. of other houses demolished	2
No. of persons displaced from demolished houses ...	846

Part II. of the Act : Individually Unfit houses.

No. of houses demolished (Section 19)	249
No. of buildings closed (Section 20)	Nil.
No. of persons displaced from above	961
No. of dwelling-houses made fit—formal action ...	96
No. of Voluntary Demolitions	36
No. of dwelling-houses closed under undertaking ...	16
No. of dwelling-houses made fit—Informal action ...	309

Street Widening.

Four houses were demolished during the year for street widening.

HOUSING.**Number of New Houses erected in the Borough.**

The following Tables furnished by the Borough Engineer show the number of houses erected in the Borough, under the 1919 and 1923 to 1930 Acts, since the War.

Livingroom, Scullery and 3 Bedrooms.			
RED HILL	...	...	102
BLOWERS GREEN	...	...	60
NORTHFIELD ROAD	...	...	60
BURNT TREE	...	...	24
WOODSIDE	...	...	220
BUNNS LANE	...	...	60
WHITE NOBS	...	...	32
CRADLEY ROAD	...	...	216
BREWERY FIELDS	...	...	16
TANFIELD ROAD	...	...	22
BELPER ROW	...	...	20
WATSONS GREEN	...	...	116
BOWLING GREEN...	...	...	101
PRIORY ESTATE	...	...	937
WOLVERTON ROAD	...	...	66
TOTAL			2052

Livingroom, Scullery and 2 Bedrooms.			
BOWLING GREEN...	...	...	24
PRIORY ESTATE	...	...	308
WOLVERTON ROAD	...	...	114
TOTAL			446

Parlour, Scullery, Livingroom and 4 Bedrooms.			
RED HILL	...	...	8
NORTHFIELD ROAD	...	...	6
PRIORY ESTATE	...	...	6
TOTAL			20

Parlour, Livingroom, Scullery and 3 Bedrooms.			
RED HILL	...	...	12
BLOWERS GREEN	...	...	44
NORTHFIELD ROAD	...	...	14
BURNT TREE	...	...	18
PRIORY ESTATE	...	...	78
TOTAL			166

SUMMARY.

SITE.	Total No. of houses erected to date.
RED HILL	122
BLOWERS GREEN	104
NORTHFIELD ROAD	80
BURNT TREE	42
WOODSIDE	220
BUNNS LANE	60
WHITE NOBS	32
CRADLEY ROAD	216
BREWERY FIELDS	16
TANFIELD ROAD	22
BELPER ROW	20
WATSONS GREEN	116
BOWLING GREEN...	125
PRIORY ESTATE	1329
WOLVERTON ROAD	180
GRAND TOTAL...	2684

**HOUSES ERECTED BY
PRIVATE ENTERPRISE.**

Year.	Subsidised.	Not Subsidised.
1919/23	—	37
1924	71	17
1925	20	12
1926	32	15
1927	44	22
1928	18	9
1929	24	21
1930	—	35
1931	—	62
1932	—	113
1933	—	298
1934	—	322
Total	209	963
Grand Total—1172.		

HOUSING.

Number of New houses erected during the year 1934.

(a) Total (including numbers given separately under (b)) :—

(1) By the Local Authority	...	...	...	76
(2) By other Local Authorities	...	...	...	—
(3) By other bodies and persons	...	...	...	322

(b) With State Assistance under the housing Acts :—

(1) By the Local Authority :—

(a) For the purpose of Part II. of the Act of 1925	...	...	...	...	—
(b) For the purpose of Part III. of the Act of 1925 (allocated to 1924 Act)	...	...	...	...	—
(c) For other purposes (allocated to 1930 Act)	...	...	...	...	76

(2) By other bodies or persons	—
--------------------------------	-----	-----	-----	---

Inhabited houses—1931 Census	13,385
------------------------------	-----	-----	-----	--------

New houses erected since 1st January, 1932 :

By Private enterprise	...	...	...	733
By Corporation	...	...	...	708
			—	1,441
				<hr/> 14,826 <hr/>

No. of houses known to be demolished and vacated since 1st January, 1932	453
--	-----	-----	-----	-----	-----

Estimated No. of inhabited houses in Borough at 31st December, 1934	<hr/> 14,373 <hr/>
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PUBLIC FOOD SUPPLIES

INSPECTION OF PUBLIC FOOD SUPPLIES AND FOOD PREMISES.

The year has been one of consistent endeavour and maintenance of the improved standard obtained since 1929 in the matter of Meat Inspection.

Of 9,785 animals notified for Slaughter, 9,581, *i.e.* 98.4% were examined by qualified Inspectors and the meat dealt with in accordance with Memo 62/Food (the recommendation of the Ministry of Health). Nearly 8 tons of meat was condemned.

Shops, Market, and Meat Stores were regularly visited for inspection of Imported and English Meat brought in from other Districts.

The Council decided to apply the Slaughter of Animals Act to sheep as from 1/1/35. The reference to this point on Page 67 of the Report for 1933 was justified by events, as ill feeling was created in spite of more than ordinary precautions taken to give all facts and opinions, as to the relative merits of stunning and not stunning of sheep.

In the matter of Milk, increased pressure has been used upon persons concerned, to secure conformity with the requirements of the Milk and Dairies Order as to premises and production and distributive measures.

Specifications as to structural requirements affecting all Cowsheds and Dairies in the Borough have been served on the persons affected whilst instruction and advice has continued to be given wherever necessary and particularly where the result of Bacteriological Examination of a sample of milk called for such action.

Very useful co-operation continues to exist between the Veterinary Inspector Major R. L. Green, M.R.C.V.S. and the Sanitary Department Officers as to the enforcement of Milk and Dairies and Tuberculosis Orders.

Clinical examination of Milking Cows is carried out at all farms at least twice per year and in some cases more often.

The number of Registered Cowsheds in the Borough is 20, and the average number of milking cows in the Borough is 219.

Number of samples taken by Veterinary Surgeon Major Green under Tuberculosis Order during 1934—11.

Positive results—2.

A sample of milk taken by an Inspector on 1st August, 1934, from a Milk Vendor proved positive. Report was made to the Authority in whose area the Cowshed was situated and Bulk and group samples were taken with a negative result.

A further sample obtained from the same source again showed a positive result.

Further samples (from individual cows) were taken by the County Authority concerned but with negative results.

Latest advice from the County was that in all 26 samples had been taken up to 22nd January, 1935, without effective result. The matter will no doubt be followed up by the County Authorities.

The reference in the letter of the Minister of Health with respect to activity under the Milk and Dairies Order quoted on Page 42 is encouraging.

Any effort on sound lines to secure improvement in the purity and cleanliness of public food supplies is commendable and calculated to receive the support of every thinking person.

Health Officials have for many years through Local Action, Individual Reports, and through their organisations endeavoured to secure such improvement. Not always have the Authorities, either National or Local, supported their efforts.

At last, and with more than a suggestion of commercial and political prompting, National Interest has been awakened and action taken which *inter alia* has some relation to improvement in Purity and Cleanliness.

The first result of this, an endeavour to set up what is described as an Accredited Producers' Scheme, was brought to the notice of the Local Authorities in August, 1934, when they were asked by a circular letter from the Minister of Agriculture and Fisheries to support this scheme, but on such conditions as to render it objectionable and impracticable of local application. Fortunately the scheme was withdrawn and a new one substituted of definitely improved character, which it is hoped may prove helpful.

There are rumblings of activity from the Minister of Agriculture relative to Meat supplies both home and imported, and if chaos has been created in the Milk Trade by complex schemes and proposals, more chaos appears to be likely with Meat Traders.

Here again, however, any genuine efforts to improve soundness and purity must be commended.

Practical experience has shown that the control of large Public Abbatoirs by Veterinary Inspectors more naturally perhaps animal than health minded leaves something to be desired, and to veer too much to the extreme of large area control as seems to be under consideration may not prove to be quite the all in benefit that might be advocated.

It is not an unknown experience for meat passed out from a City Abbatoir under Veterinary control to be seized and condemned in another Local Authority. Whilst complaints of carelessness in handling and transport by Traders at large abbatoirs is not unheard of.

From the standpoint of sound food supplies a greater appreciation by both National and Local Authorities of the difficulties of actual food control in practice in both Urban and Rural Districts is desirable.

Sufficient staffing, better facilities for carrying out the work of supervision, including, for Meat Inspection, central slaughtering in Public Abbatoirs reasonably accessible to local traders, would be more likely to secure what is needed by way of improvement, on health grounds.

REGISTRATIONS UNDER THE MILK AND DAIRIES ACTS AND MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Under the Milk and Dairies (Amendment) Act, 1922 and Milk and Dairies Order, 1926.

					Existing.	New (1934).	Total.
A.—Retailers :—							
Loose Milk	...	...	...	...	94	13	107
Bottled "	...	...	...	...	240	9	249
B.—Producers, Dairymen or Wholesalers					31	5	36

Under the Milk (Special Designations) Order, 1923.

		Grade A.	A.T.T.	Cert.	Past.
1. No. and type of new Licences	4	—	1	2	1
2. Total number and type licensed (all retailers)	22	15	2	2	3

DAIRIES AND COWSHEDS.

The number of registered Milk Producers—Wholesalers and Retailers is as follows :—

*Producers	...	...	...	...	20
Wholesalers	...	...	...	...	15
Retailers	...	...	...	...	392

* All producers are included as Retailers and 3 are also registered as Wholesalers.

Four retailers (one a cow-keeper) were struck off the register during the year, one application for registration was refused, and one cow-keeper who had previously been refused registration as a Milk Retailer was registered after complying with the requirements of the Milk and Dairies Order.

One cow-keeper—Wholesaler, brought into the Borough following the extension of the Boundaries in 1928, ceased to be registered when his premises and land were required for Housing development. At least three other producers are likely to close down in the near future, through difficulties of pasture land, and it seems only a matter of time, before milk production in industrial areas ceases altogether on this account.

BACTERIOLOGICAL EXAMINATION OF MILK.

Bacteriological Content A.															Tuberculosis Content B.	
Samples.	No. taken for		Bacteriological Count per c.c.					Coliform organisms present in					Neg.	Pos.		
	Bact. Count A.	T.B. Count B.	Under 30,000	Under 200,000	Under 500,000	Over 500,000	1 c.c.	10th	100th	1000th						
	1	2	3	4	5	6	7	8	9	10		11	12			
Loose Milk ...	40	23	13	12	5	10	5	5	10	15		19	4			
Bottled Milk ...	10	5	8	2	—	—	—	1	1	1		5	—			
Designated Milks :—																
Grade " A " ...	—	—	—	—	—	—	—	—	—	—		—	—			
" " A.T.T." ...	1	—	1	—	—	—	—	—	—	—		—	—			
" Certified ...	—	—	—	—	—	—	—	—	—	—		—	—			
" Pasteurised ...	4	1	3	—	1	—	—	—	2	1		1	—			
" "A" Pasteurised ...	1	1	1	—	—	—	—	—	—	—		1	—			
Totals ...	56	30	26	14	6	10	5	6	13	17		26	4			

The samples in columns Nos. 5, 6, 9 and 10 are all dirty milks.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Total Number of Samples Taken 122

Milk	63	Tinned Apricots ...	1
Tinned Milk	2	Tinned Salmon ...	1
Marmalade	1	Table Jelly	1
Chocolate	1	Tea	1
Cheese	1	Butter	1
Raisins	1	Margarine	1
Sultanas	2	Pickles	1
Baking Powder ...	1	Sausage	2
Self Raising Flour ...	1	Meat Paste	1
Dried Apricots ...	1	Fish Paste	3
Ham and Tongue Paste	1	Tinned Peas	1
Tomato Sauce ...	1	Ground Ginger ...	1
Barley	1	Dripping	5
Pepper	1	Malt Vinegar	1
Shredded Wheat ...	1	Cream	1
Rice	2	Tapioca	1
Sago	1	Epsom Salts	1
Lard	1	Amoniated Tincture of	
Mincemeat	1	Quinine	1
Demerara Sugar ...	1	Camphorated Oil ...	1
Tinned Crab	1	Gregory Powder ...	1
Lemonade Powder ...	1	Glycerine	1
Whiskey	2	Cream of Tartar ...	1
Tom	2	Zinc Ointment ...	1
		Linseed	1

Nine samples were reported upon adversely by the Public Analyst for the year 1934.

These consisted of five milk samples, two sausage samples and two dripping samples.

Sample No.	Description.	Result of Analysis.	Remarks.
50	Milk	Deficient of 3% of fat.	Taken from Retailer.
59	Milk	Deficient of 20% of fat.	Taken from Retailer. Supplies of Sample No. 50. Result reported to Staffordshire County Authority from whose area the supply came.
121	Milk	Deficient of 5% of fat.	Taken from Vendor.
125	Milk	Deficient of 10% of fat.	Vendor cautioned. Samples taken later from Wholesale Dealer only just complied with fat regulations.
126	Unpreserved Sausage.	Preserved with sulphur dioxide—240 parts per million of sausage.	Informal sample.
137	Unpreserved Sausage.	Preserved with sulphur dioxide—37 parts per million of sausage.	Formal sample taken as consequence of Sample 126. Vendor cautioned.
148	Dripping.	Contained 27% water.	Informal sample.
150	Dripping.	Contained 9.2% water.	Formal sample taken as consequence of Sample 148. Vendor cautioned.
158	Milk	Deficient of 5% of fat.	Reported to Staffordshire County Authority from whose area the supply came.

PUBLIC HEALTH ACTS AND PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

There are at the present time 11 Licenced Slaughter Houses and 9 Registered Slaughter Houses.

The following Animals were notified for slaughter and inspected during the year at Registered and Licenced premises :—

				Notified.	Inspected.
Beasts	...	...	...	945	940
Sheep	...	...	...	4222	4086
Pigs	...	...	...	4484	4434
Calves	...	...	...	92	85
Goats	...	...	...	2	2
				9745	9547

In addition 40 pigs were notified and 34 inspected at premises not Registered or Licenced.

Visits to Slaughterhouses for inspection of Meat and premises—1914.

Meat and Other Foods Condemned.

		Beasts.	Sheep.	Pigs.	Calves.	Total.
Carcases	...	4	3	8	1	16
Part Carcases	...	16	5	11	—	32
Heads	...	41	1	336	—	378
Lungs	...	108	125	416	—	649
Livers	...	141	247	259	—	647
Hearts	...	2	2	180	—	184
Forend Pieces	...	—	1	50	—	51
Spleens	...	6	—	14	—	20
Udders	...	26	—	—	—	26
Bellies	...	—	—	24	—	24
Loins	...	—	—	19	—	19
Kidneys	...	5	—	41	—	46
Feet	...	—	—	1	—	1
Mesenteries	...	2	—	6	—	8
Legs	...	—	2	9	—	11
Intestines	...	2	—	1	—	3
Necks	...	—	—	1	—	1
Leaf	...	—	—	1	—	1
Forequarters	...	2	—	—	—	2
Hindquarters	...	2	—	—	—	2

Diseases.

	Beasts. lbs.	Sheep. lbs.	Pigs. lbs.	Total. lbs.
Tuberculosis	3764	—	7291	11055
Parasitical Cysts.	820	260	57	1137
Distomatosis	646	265	—	911
Emaciation (with T.B.)	556	—	—	556
Bruised	171	—	376	547
Oedema and Johnes Disease	511	—	—	511
Cirrhosis	132	50	230	412
Decomposition	207	73	15	295
Congestion	7	2	234	243
Mammitis	237	—	—	237
Moribund	—	—	190	190
Jaundice	—	—	126	126
Pneumonia	—	3	92	95
Angiomatosis	93	—	—	93
Emaciation	—	90	—	90
Necrosis	71	—	—	71
Fatty Infiltration	46	11	—	57
Pleurisy	10	—	29	39
Lymphadenitis Caseous	—	35	—	35
Actinomycosis	12	—	—	12
Nephritis	18	—	—	18
Pericarditis	6	1	12	19
Tumor	15	—	—	15
Inflammation	—	—	13	13
Rheumatism	—	—	1	1

Total Weight of Meat Condemned—7 tons 10 cwts. 3 qrs. 25 lbs.

Visits to other Food Premises for inspection and Foods condemned were as follows :—

Premises.

General Food Premises—Shops and Markets ...	893
Food preparing premises	11
Cold Stores	44

Foods Condemned.

Tins of Milk	161
Tins of Fish	58
Tins of Fruit	229
Tins of Beef	38
Tins of Peas	12
Tins of Crab	2
Dates—Packets	242
Sauce—Bottles	20
Lard (lbs.)	8½
Raspberries (2-lb. Chips)	55
Chickens	188
Turkeys	4
Boxes of Beef	8
Part Case of frozen Turkeys and Chickens.	

PUBLIC CLEANSING

COLLECTION AND DISPOSAL OF HOUSE AND TRADE REFUSE.

As usual the subject matter of this section of the Report is concerned with the Financial Year, ending for this Report on 31/3/34, as distinct from the rest of the Report which is for the 1934 calendar year.

This statement will explain why no figures or records are given in the Report concerning the Street Cleansing service which was transferred from the Streets Committee to the Health Committee, so as to take effect on July 1st, 1934.

The change was made after prolonged consideration by the Committees concerned, and in the hope of achieving an improvement in the hygiene of the service and possibly some saving in cost. Fuller report will be made in the report for 1935.

No material change took place in the House Refuse Collection and Disposal service. An additional site of $6\frac{1}{2}$ acres for Land Reclamation by Controlled Tipping was purchased in Peartree Lane, Dudley, to serve the Woodside, Aston Road, and Wellington Road Areas. This was a very useful purchase.

Two other sites were taken over by agreement. One in Wolverton Road, being the property of the Corporation and one at Dudley Wood Road, Netherton, where agreement for free tipping was entered into.

The Council now have in use as tips, and under permanent control :—

	<i>Owner.</i>
1. The Buffery Tip—Bowling Green Road	Corporation.
2. The Priory Tip	Ditto.
3. The Paradise Tip—Douglas Road ...	Ditto.
4. The Wolverton Road Tip	Ditto.
5. The Peartree Lane Tip	Ditto.
6. The Dudley Wood Road Tip ...	Private Ownership. (Free Rent Agreement).

No other tips are in use.

The average cost of controlled tipping on all sites for the year under review was $1/2\frac{1}{2}$ d. per ton, and with collection at 5/10d. per ton, and both services reasonably efficient, it can at least be claimed that the recommendations made in Reports of 1929/30 have been justified by experience. (See comparative costs on page 69)

It is only fair to add that tonnage costs are on estimated weighing by test weights, and in the opinion of the Ministry of Health experts there is a liability of at least 20% error in comparison with 100% actual weighing.

After protracted negotiations settlement was made between the parties concerned in the matter of damage by subsidence to the Sanitary Department Depot and Destructor Buildings.

It is reasonable to expect that the way will now be opened up for a provision of suitable premises, a very urgent need which has been previously reported on.

COLLECTION.

Financial year ending—	1934	1933.	*1929.
No. of houses and other premises to which collection service is given	14,550	14,300	12,500
Average No. of ashbins cleansed per week	14,660	14,470	8,546
Average No. of privy middens cleansed per week	12	12	No data.
Average No. of pail closets cleansed per week	120	116	No data
Average No. of cesspools cleansed per week	16	15	No data
No. of ashpits emptied throughout the year	12	14	11,204
Total refuse collected in tons ...	20,622	21,011	20,733

* This year is given for comparative purposes, both in collection and cost records because it is the last year prior to the re-organisation of the Service.

COSTS.

A. GENERAL.

Financial Year ending—	1934.	1933.	*1929.
Total net cost of Collection and Disposal	£7,203	£6,374	£10,329
Capital Cost defrayed out of Revenue	Nil	£2,250	Nil
Expenditure for all purposes ...	£7,203	£8,624	£10,329
Income from Trade Refuse, and Miscellaneous sales	†£757	£36	£13
Net expenditure for all purposes ...	£6,446	£8,588	£10,316
Rateable Value	£226,781	£219,256	£213,618
Product of Penny Rate	£876.11.9d.	£865	£812
Total Rates in the £	15s. 0d.	15s. 10d.	15s. 3d.
Net cost—equivalent Rate in the £	6.822d.	7.37d.	11.6d.
Percentage of above to total Rates in the £	3.79%	3.92%	6.34%

Total net cost per premises
cleansed ... 8s. 1d. 8s. 10d. 16s. 6d.

Weight (in cwts.) per 1,000 popula-
tion per day (365 days) ... 18.8 19.2 19.3

† £718 of this amount is for the sale of land to the Public Works Committee of the Corporation (In the year ending 31/3/33 a capital cost of £1,750 was shown for the purchase of approximately 43 acres of Land). The Public Works Committee took over approximately 18 acres.

B. COLLECTION.

Financial year ending—	1934.	1933.	*1929.
Total net cost (exclusive of Income)	£5,625	£5,043	£9,106
Total net cost per ton ...	5s. 5d.	4s. 9½d.	8s. 9d.
Total net cost per premises cleansed	7s. 9d.	6s. 11½d.	14s. 7d.

C. DISPOSAL.

Total net cost (exclusive of Income)	£1,578	£1,367	£1,223
Total net cost per ton in the control of Tips ...	1s. 2½d.	11.4d.	No data.
Total net cost per ton of burning at the Destructor ...	4s. 5d.	5s. 3½d.	No data.

D. VEHICLE COSTS.

Financial Year ending—	1934.	1933.
Four S.D. Freighters engaged in the collection of ashbin and trade refuse ...	—	—
Average cost per ton ...	4s. 4d.	4s. 2d.
Average cost per mile travelled ...	4s. 4½d.	3s 8d.
Two Morris Commercial Vehicles engaged in various duties.		
Average cost per ton ...	4s. 1d.	3s. 1d.
Average cost per mile travelled ...	1s. 7d.	1s. 11d.

E. COSTING—REFUSE COLLECTION AND DISPOSAL.

The following figures, taken from the Corporation Account Books and prepared by the Borough Treasurer, are of interest for comparative purposes:—

Year Ending.	Contract or Direct Labour.	Total Collection and Disposal Cost.			Premises Cleansed.	Cost per annum per house Cleansed.
		Net Collection and Disposal Cost.	Capital Charges.	Total Cost.		
		£	£	£		s. d.
31 3 27	C.	9,876	Nil.	9,876	12,417	15 11
31 3 28	C.	10,283	Nil.	10,283	12,444	16 6
31 3 29	C.	10,329	Nil.	10,329	12,499	16 6
31 3 30	D. L.	7,250	1,450	8,700	13,000	13 4
31 3 31	D. L.	6,333	1,682	8,015	13,700	11 9
31 3 32	D. L.	5,955	269	6,224	14,000	8 6
31 3 33	D. L.	6,390	2,250	8,666	14,300	8 11
31 3 34	D. L.	6,446	Nil.	6,446	14,550	8 1

GENERAL

DRAINAGE, SEWERAGE, RIVERS AND STREAMS.

The completion of the sewerage of the Himley Road, and Himley Avenue Area achieves a much needed drainage improvement in that Area. The response by Owners to the request for the connection of their properties to the new sewer and to abolish their cesspools was so prompt as to earn the highest commendation, for even though it is admitted that they were the prime sufferers from the existing insanitary conditions, and were in many cases resident in the district with knowledge of the insanitary conditions, the expense of sewers and road charges together with private drainage, must have created hardship in some cases.

Only three out of forty-six premises now remain to be connected. Other drainage and sewerage improvements of smaller character affecting Rivers and Streams have been carried out during the year. Quarry Road and Newtown Areas have been much improved by the provision of a new sewer affecting approximately 30 houses.

SANITARY INSPECTION OF THE AREA.

Record of Inspections and Results.

Inspections made with respect to :	No. of inspections	Nuisances or defects reported.	Re-visits made re abatement	Nuisances or defects remedied.
Houses under P.H.A. ...	600	1635	1042	889
Drainage work only ...	268	49	61	35
Closets ...	114	233	150	163
Ashplaces ...	126	91	96	145
Yards, Courts, etc. ...	26	20	23	10
Overcrowding ...	94	12	14	3
Miscellaneous ...	304	10	27	14

Other Visits.

With respect to Public Cleansing Services ...	204
With respect to Infectious Disease ...	263
Interviews with Owners and Traders (District Inspectors only) ...	397

Notices served—All purposes.

	<i>Informal.</i>	<i>Statutory.</i>	<i>Total.</i>
Notices served ...	517	178*	695
Notices complied with ...	227	109	336*
Choked Drains cleansed by Department's Drain Cleanser	—	—	93
Choked Water-Closets cleansed by Department's drain cleanser	—	—	58

* Many of these are second Notices on the same property.

SANITARY ACCOMMODATION.

Statement of Sanitary Accommodation existing on 31st Dec., 1934.

No. of houses and other premises ...	...	...	14,927
No. of houses and other premises served by W.C's. draining into public sewers ...	...	...	14,801
No. of houses and other premises served by ashbins			14,849
No. of privies in the Borough ...	...	...	52
No. of cesspools in the Borough ...	...	...	52
No. of Pail Closets in the Borough	...	...	121

Particulars of Conversions from Conservancy System.

Pails converted to W.C's. ...	...	...	2
Privies converted to W.C's. ...	...	...	1
Privies abolished by demolition of dwelling-houses ...			9
Additional pails provided to other than dwelling-houses ...	...	...	4
W C's. and cesspool drainage connected to Public Sewers			50
No. of dry ashpits abolished ...	...	...	12
New ashbins provided (replacements and additional)			128

WATER.

Arising out of a Report by the Housing Manager to the Housing Committee on the choked condition of two range boilers in Corporation houses, correspondence took place between the Council and the South Staffordshire Waterworks Company, one result of which was to secure information concerning the Towns Water Supply, which in my opinion, is of sufficient interest and value as to warrant inclusion in this Report. The South Staffordshire Waterworks Company desire it to be understood that the source of supply is at their discretion liable to alteration at any time.

A copy of a letter received by Town Clerk from F. J. Dixon, Esq., Engineer in Chief to the South Staffordshire Waterworks Company, is set out below, viz.:—

“ The South Staffordshire Waterworks Company,
Engineers Offices,
Sheepcote Street,
Birmingham,

6th December, 1934.
Thursday,

G. C. V. Cant, Esq.,
Town Clerk,
Priory Hall,
DUDLEY.

Dear Sir.

Dudley Water Supply.

I have pleasure in enclosing my plan DD 3822 which outlines as closely as possible the zones of supply as at present constituted in the County Borough of Dudley. As already pointed out in previous correspondence these zones are approximate and may have to be altered as required by changes in the consumption, etc., within the Borough and elsewhere.

Zone No. 1.

The water at present supplied to this zone is chiefly obtained from two boreholes (about 550-ft. deep) in the Lower Bunter Sandstone at Prestwood, near Kinver, whence it is pumped to two service reservoirs at Shavers End within the Borough. A small percentage of the water pumped from boreholes and wells at Ashwood and Hinksford near Kingswinford is re-pumped from Springs Mire Reservoir (*see Zone No. 2*) to the Shavers End Reservoirs in order to augment the supply to the area which includes the Dudley Zone No. 1. The joint capacity of the reservoirs is about 12,000,000 gallons.

Zone No. 2.

Water at present supplied to this zone is pumped from deep boreholes and wells through the Bunter Sandstones and Pebble Beds at Ashwood and Hinksford, near Kingswinford, to the district of supply which includes Zone No. 2 of Dudley, and to the service Reservoir for this zone at Springs Mire within the Borough. The capacity of this reservoir is about 3,000,000, gallons. As explained in the description of Zone No. 1 water surplus to the requirements of the district supplied from Springs Mire is re-pumped from that reservoir to Shavers End.

Zone No. 3.

Water at present supplied to the district which includes Dudley Zone No. 3 is obtained largely from surface gathering grounds near Lichfield. After sedimentation, filtration and chlorination at Sandfields, Filter House, Lichfield, the water is

PLAN OF THE COUNTY BOROUGH OF DUDLEY SOUTH STAFFORDSHIRE WATERWORKS COMPANY DUDLEY WATER SUPPLY



REFERENCE
 ZONE NO. 1 SHAVERS END
 ZONE NO. 2 SPRINGS MIRE
 ZONE NO. 3 CAWNEY HILL
 BOROUGH BOUNDARY

ZONE NO. 2.

F. H. GIBBONS, M. Inst. M. & Civ. E.
 Borough Engineer & Surveyor,
 TOWN HALL, DUDLEY.
 DECEMBER, 1921.

PLAN OF THE
COUNTY BOROUGH OF
SOUTH STAFFORDSHIRE WATER
DUDLEY WATER



pumped to Wood Green, Wednesbury, whence it is re-pumped to Coneygre, Tipton. At Tipton this water mixes to a limited degree with water from the Shavers End Reservoir (Zone No. 1). At Coneygre Pumping Station, Tipton, it is again pumped, for the third time, to the Service Reservoir at Cawney Hill, (Kates Hill), Dudley. The capacity of the existing reservoir at this site is about 1,000,000 gallons, but an additional reservoir is now being constructed with a capacity of 2,000,000 gallons in order to provide greater storage for this district of supply. This Zone No. 3 actually includes a small area on the top of Cawney Hill for which the water has to be pumped again, the balancing tank for this area being at Turners Hill, north of Rowley Regis. The re-pumping for this highest level district takes place beside the reservoirs at Cawney Hill.

It must be noted that for water supply purposes all the zones of supply in Dudley form part of larger districts, and for this reason it is impossible to give accurate figures for consumption.

In case it may be useful to you, however, the following are average figures for the whole of my Company's area of supply for the year ended December, 1933 :—

Average consumption per head per day.

Domestic	...	...	19.87
Trade	...	...	6.15
Total	...	...	<u>26.02</u>

The above consumption is calculated from an estimated population taking 4.5 persons per house supplied.

Yours faithfully,

FRED. J. DIXON,

Engineer-in-Chief."

**Extract from Report of the South Staffordshire Water Supply,
to Housing Manager.**

Dudley Water Chemical Analysis.

			Zone 1.	Zone 2.	Zone 3.
ph	...	...	6.8	7.5	7.4
Alkalinity (CaCo ₃)	...	...	7.5	10.7	13.4
Temporary Hardness	...	...	7.0	10.0	12.5
Permanent Hardness	...	...	4.2	6.2	10.1
Total Hardness	...	...	11.2	16.2	22.6

**Extract from Public Analyst's Report.
to the Chief Sanitary Inspector.**

“ There is no clean cut definition of hard water or soft water, descriptions such as soft, fairly soft, slightly hard, moderately hard, and hard, etc., being used to describe the quality of the water in this respect.

The following grades will illustrate this point, the hardness being stated in parts per 100,000.

Soft	...	...	...	below 5 degrees.
Moderately soft	...	...	...	5 to 10 degrees.
Slightly hard	...	...	...	10 to 15 degrees.
Moderately hard	...	...	...	15 to 20 degrees.
Hard	...	...	...	20 to 30 degrees.
Excessively hard	...	...	...	over 30 degrees.

The hardness is divided into two kinds, viz.:—(1) temporary hardness, (2) permanent hardness, and in the matter under consideration the former or temporary hardness (Carbonates of lime and magnesia) is the cause of the bulk of the scale.

Dealing with water “ Zone 3 ” the water is a **hard** one on the total hardness figure, or a **slightly hard** one on the temporary hardness figure.”

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—Inspection of Factories, Workshops and Workplaces.

PREMISES.	Number of		
	Inspections	Written Notices	Occupiers Prosecuted
FACTORIES	13	6	—
(including Factory Laundries)			
BAKEHOUSES	10	—	—
WORKSHOPS	47	—	—
(including Workshop Laundries)			
BAKEHOUSES	14	2	—
WORKPLACES	—	—	—
(other than Outworkers' premises).			
<i>Total</i>	84	8	—

2.—Defects found in Factories, Workshops and Workplaces.

PARTICULARS.	Number of Defects			No. of Prosecutions
	Found	Remedied	Referred to H.M. Insp'tor	
<i>Nuisances under the Public Health Acts—</i>				
Want of Cleanliness	6	4	—	—
Want of Ventilation	2	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	2	1	—	—
Other Nuisances	9	7	—	—
Sanitary accommodation { insufficient	1	1	—	—
{ unsuitable or defective	24	2	—	—
{ not separate for sexes... ..	1	1	—	—
<i>Offences under the Factory and Workshops Act:</i>				
Illegal occupation of underground bake-houses	—	—	—	—
 Other offences	—	—	—	—
(excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).				
<i>Total</i>	45	16	—	—

COURT PROCEEDINGS. Court proceedings were taken during the year as follows :—

Acts, Byelaws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines. £ s. d.	Costs. £ s. d.
Public Health Act, 1875— Section 117 and Public Health Act (Amendment) Act, 1890— Section 28.	Exposing diseased meat for sale on the market stalls.	Convicted and fined.	5 0 0	—
Public Health Act, 1875— Section 91.	Failure to abate nuisances arising from general defects of property.	Convicted. Order made for work to be carried out within 10 weeks.	—	8 6
Public Health Act, 1875— Section 91.	Failure to abate nuisances arising from general defects of property.	Convicted. Order made for work to be carried out within 21 days.	—	8 6
Public Health Act, 1875— Section 91.	Failure to abate nuisances arising from general defects of property.	Convicted. Order made for work to be carried out within 21 days.	—	8 6
Public Health Act, 1875— Section 91.	Failure to abate nuisances arising from general defects of property.	Convicted. Order made for work to be carried out within 21 days.	—	8 6
Dudley Corporation Act, 1928—Section 127.	Occupation of shed without previous consent of the Corporation.	Case adjourned 14 days. Family subsequently moved from premises.	—	—

ATMOSPHERIC POLLUTION.

A number of complaints were received of smoke nuisances, and these were dealt with as circumstances required.

Periodical observations and visits of inspection were made and advice given and notices served when necessary.

An endeavour was made to get trials given to smokeless fuel, domestic and industrial. This is a product of low temperature carbonisation, and is an entirely smokeless fuel, whilst retaining high calorific value. A number of manufacturers with whom it was necessary to deal for smoke nuisance were approached, but without success. A ton of Coalite for domestic use was obtained and distributed to the homes of 12 members of the Health Committee and Staff. Six were satisfied to order more, six were not. Naturally, different conditions existed in each home and this had its influence on the decision.

Generally speaking it is accepted that domestic smoke is a worse offender than industrial smoke as a cause of atmospheric pollution.

HOUSES-LET-IN-LODGINGS AND COMMON LODGING HOUSES

Seven Common Lodging Houses were demolished during the year, six being situated in the Birmingham Street Area and one in Newhall Street Area.

Forty seven visits were made to Houses-let-in-Lodgings and Common Lodging Houses during the year.

To meet the need of the people displaced by the demolition of the Common Lodging Houses, the Housing Committee purchased an ex-Licensed house, for re-construction as a Lodging House. Provision was made for occupation by 22 adults and 2 children, the premises were let to the persons who had previously rented 4 of the old Lodging Houses and Houses let-in-Lodgings and the same deputy was appointed, an action much appreciated by the persons concerned.

There are now four Registered Common Lodging Houses in the Borough, having accommodation for 94 lodgers.

The position with respect to the occupation of large houses by a number of families remains much the same as indicated in the Report for 1933, and how far the proposed new Housing Overcrowding Act will help to deal with the problem remains to be seen.

OFFENSIVE TRADES.

Number of Fish Fryers Licences for renewal in December, 1934	15
Number complying with Bye-laws and approved for renewal	13
Number where specification was issued for works to be carried out before renewal	2
Number actually renewed	14
Number of applicants for the establishment of the business of Fish Fryers during the year	3
(a) Number approved subject to carrying out of specification of requirements	2
(b) Number disapproved	1
Number of specifications issued during the year in addition to the above-mentioned	2

TENTS, VANS AND SHEDS.

There are no tents, vans or sheds used for human habitation other than the very few for which temporary permission has been given.

The provisions of the Dudley Corporation Act have been found sufficient for dealing with any new arrivals, since the Court action in 1930/31.

OUTWORKERS.

During the year, 29 lists of Outworkers have been received from employers containing 237 names and addresses, 196 of which were outside the Borough. These were forwarded to the respective Councils in whose Districts the Outworkers resided.

I also received 10 lists containing 19 names and addresses from other Authorities, making a total of 256 Outworkers dealt with.

LEGISLATION IN FORCE IN THE BOROUGH.

The following Bye-laws affecting the Health Services were in operation during the year, viz. :—

Houses-let-in-Lodgings	5/9/30
Common Lodging Houses	22/5/30
Slaughter Houses	23/6/30
Nuisances	12/5/30
Mortuaries, Borough Cemetery and Markets	12/5/30
New Streets and Buildings	3/2/30
Offensive Trades	11/5/28

The Dudley Corporation Act, 1928, also contains many provisions covering matters affecting the Public Health Services.

RATS AND MICE DESTRUCTION ACT, 1919.

The action taken under the provisions of this Act have been very much reduced during the year, by reason of the fact that G. Peacock, the Rat Officer, has taken over the duties of fumigation by the HCN Process required in connection with Slum Clearance and occupied properties.

Supervision and advice has been given on receipt of request or complaint, and the following table is a record of the work of the action taken during the year.

Premises having received attention from the Rat Catcher.	No. of visits and re-visits made.	No. of baits laid.	No. of baits taken.	No. of rats actually caught.	No. of Premises where attention has been terminated after satisfactory service.
39	476	4725	3975	56	35

RAG FLOCK ACT.

Two samples of rag Flock were taken during the year from Manufacturing premises in the District. All were in accordance with the requirements of the Act.

The premises and fittings in use for the manufacture of flock in the District are usually inspected at the time of visit, and the standard of equipment and provision is reasonably good. Notice was given in two instances as to the storage of Rags and maintenance of tidy condition of yard premises and these were complied with.

MERCHANDISE MARKS ACT.

AGRICULTURAL PRODUCE GRADING AND MARKING ACT.

FERTILISERS AND FEEDING STUFFS ACT.

There were four new orders introduced during 1934, bringing more foods under the scope of the Merchandise Marks Act, viz.:—

Order No. 1	...	Imported Butter.
Order No. 3	...	" Ham and Bacon.
Order No. 5	...	" Dead Poultry
Order No. 7	...	" chilled beef, frozen mutton, frozen lamb, frozen pork, boneless beef, boneless veal, salted beef, salted pork, or edible offals.

These together with orders of previous years as to Butter, Salmon, Eggs, Oat products, Tomatoes, Honey, Apples, Currants, Sultanas, and Raisins provided ample opportunities for shop window gazing, and with the duties under the Meat Regulations—Public Health Acts as to Food preparing premises and Meat and Food Inspection as to Unsoundness are nearly sufficient to warrant the suggestion that the Inspectorial staff might be excused suffering at times from physical and mental indigestion.

Fortunately, personal enthusiasm and organised arrangements secure that on all points there is a close supervision, even although, particularly in the matter of food preparing premises, much still remains to be done.

Traders in the main do try to conform with the Merchandise Marks Act and Inspectors enforce them with tact and discretion, but it has to be admitted that possibly because of the tendency to consider them of lesser importance by comparison with duties as to Unsound Food, the intricacies of the Order make compliance and supervision irksome to Trader and Inspector respectively.

ENTERTAINMENT PLACES AND LICENSED HOUSES.

No complaint was received concerning the sanitary conditions at Entertainment Places but a good deal of re-construction of Sanitary Accommodation has been called for to abate nuisances at Licensed Houses. Additional W.C's. have been erected to provide separate accommodation for the sexes.

Fouled, defective and improperly constructed urinals have been abolished and new ones of up-to-date standard provided.

Through the courtesy and co-operation of the Clerk to the Licensing Justices and the Borough Engineer new plans for Licensed Houses are now submitted to the Department for recommendations. The arrangement has already proved very beneficial—recommendations of the Department being incorporated.

SCHOOLS.

Visits were made as required for inspection of Sanitary Accommodation at Schools. Disinfection has been carried out at a number of schools, following cases of Infectious Disease.

HEALTH EDUCATION.

In common with many other Local Authorities the Bill Posting Stations of the National Marketing Board have been taken over for display of posters containing information and pictures relative to Public Health matters.

REGISTERED TRADES AND PREMISES.

Special investigation was carried out and report made in 1932, as to the position with respect to Registered Trades and Premises in the Borough. The general position was found to be very unsatisfactory but progress has been made each year and the position at the end of 1934, compared with the position at the end of 1932, is as follows :—

	1932	1934
Trades and Premises in order and Registered...	157	342
Trades and Premises accepted as recorded in Registers but not approved as in order since 1929 approx.	291	215
Trades and Premises that have been struck off Registers through discontinuance, removal, etc.	92	152
Trades and Premises concerning which consideration has been deferred	3	4

INFECTIOUS DISEASE DISINFECTION AND PREVENTION.

As will be seen in the Report of the Medical Officer of Health the incidence of Diphtheria and Scarlet Fever was higher in 1934 than for some years.

In all cases investigation was carried out and precautionary measures taken with contacts as required. In all Diphtheria contacts, swabs are taken.

Disinfection is carried out in all cases.

DISINFECTION AND DEFESTATION.

I am not at all happy in writing under this heading concerning a development in Health and Housing services which really has very little official place in recognised administration.

No part of the Ministry of Health circular 1417 properly covers it. Yet it is perhaps the most important development in the Health Service in 1934. General Welfare Work would be a better title, but the fact remains that it originated as a Disinfection and Defestation Service. Reference to Page 46 will show that it has now reached the stage of the appointment of a Welfare Officer to supervise this and other Welfare Work.

It commenced in March 1932 with re-housing from the Birmingham Street Slum Clearance Area. In a few special cases clothing was steam disinfected and houses fumigated with Sulphur and Formaldehyde. Experience showed the inefficiency of this. Newly occupied Council houses were becoming bug infested. Resort was made to more drastic and thorough treatment of houses with Insecticide, nearly all known materials were tried and found wanting in some respects.

In September, 1933, I submitted a special report to the Chairman of the Housing Committee with the result that on his authority a system of fumigation by Hydrogen Cyanide Gas (HCN) was set up for use in all cases when bug infestation occurs in Slum Clearance Areas and in Corporation Houses.

HCN is a poisonous gas and needs very great care in use, but experience so far shows that it is the most effective known method tried.

The Rat Officer, Mr. Gilbert Peacock, has been trained as an expert by a specialist in the use of HCN and has been granted a certificate of efficiency and it is only fitting at this stage that I should record appreciation of the manner in which Mr. Peacock has accepted and willingly carried out with a high degree of efficiency a duty highly skilled—dangerous—and carrying serious responsibility.

In carrying out the removal of 50 families and fumigation of 23 houses no accident has occurred and damage only done to three articles of furniture and two animals.

The actual procedure in Slum Clearance now is that after Confirmation of Order, all prospective tenants are visited by the Welfare Officer, home conditions assessed and evidence of bugs noted.

Arrangements for removal are made in accordance with needs. Removal Service is provided at a charge of 10/-. Any family free from bug infestation and desiring to make own arrangements for removal is, of course, allowed to.

Fumigation service by HCN for furniture, and steam disinfection of bedding is given free, straw mattresses are burned and replaced by new flock ones, and in these cases removal service is automatic.

The Welfare Officer keeps in touch with fumigation during removal, and afterwards reports as necessary on results.

The Service is more costly than other processes, but is justified by results.

The average cost of fumigation by HCN with the normal service by our own staff is as follows:—

Cost per house (fumigation of house only) ... £2 3s. 9d.

Cost per family (fumigation of furniture which includes collection and delivery to new address) ... *£2 2s. 10d.

Overlays extra at 14/6 each for single bed and 19/- for a full-sized bed.

* These figures are exclusive of 10/- charge for removal service.

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AS TO

MATERNITY AND CHILD WELFARE.

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MATERNITY AND CHILD WELFARE

The work of the Maternity and Child Welfare Committee seems to be ever increasing. Substantially this department was very fully occupied all through the year. The following figures show what the department comprises and the attendances made at all Clinics :—

Ordinary baby sessions	...	...	...	17,927
Ante-and-Post Natal and others	...	...	...	1,287
Dental (Mothers and babies)	...	...	...	661
Orthopædic	...	...	...	310
Massage	...	...	...	294
Ultra-Violet Ray	...	...	...	1,919
TOTAL				22,398

The work has been very cramped at the Priory Clinic owing to the very limited accommodation there. This was noted in my previous report and was also commented upon by Dr. Mackintosh, an Inspector from the Ministry of Health, who, during the year, made an Official survey of the Public Health Services. The position has not been remedied yet owing to the difficulty of finding other quarters. When the new Municipal Buildings are completed (during the Autumn) The Priory Hall, which at the present time is being used as Municipal Offices, will be vacated, and it is hoped that the Baby Clinic will be transferred to a part of that building. There is plenty of accommodation there if this can be arranged. The existing premises were actually meant for a School Clinic only and forms part of the School Building.

There are seven Baby Sessions held each week :

- 3 at "The Firs," Dudley, on Tuesday, Thursday and Friday afternoon.
- 2 at the Public Hall, Netherton, on Tuesday and Friday afternoon.
- 1 at the Public Library, Holly Hall, on Monday afternoon.
- 1 at the Priory Schools on Tuesday afternoon.

All three Medical Officers are engaged in this work—3 clinics are taken by myself, 3 by Dr. Wallace and 1 by Dr. Hughes.

The Infant clinics are very well attended. The average attendance per session was 60. This figure, of course, includes Toddlers. The attendances at the Holly Hall Clinic have increased very much lately—this I am very glad to see, as at one time the attendances were very low.

The percentage of notified live births who attended the baby Clinic was 58.2.

ANTE AND POST-NATAL CLINICS.

It is satisfactory to note that the Ante-Natal work has definitely increased at the Corporation Clinics. Every Wednesday morning a Session is held at "The Firs," Dudley, and on alternate Thursday mornings at Netherton and the Priory.

The following is the report of Dr. Gordon Wallace, who has charge of this work.

"I have the honour to submit a report of the work carried out at the Ante-Natal Clinics during the year 1934.

The attendances were as follows :—

		<i>The Firs.</i>	<i>Priory.</i>	<i>Netherton.</i>
Cases reported for the first time	...	215	107	69
Subsequent visits	... ..	387	256	144
		—	—	—
TOTALS	...	602	363	213
		—	—	—

Grand total Ante-Natal attendances : 1,178.

The total number of Ante-Natal patients was 391, which gives a percentage of 48% of all births (813) notified by midwives during the year.

In addition, 36 patients reported for Post-Natal examinations and made 68 attendances.

The thorough nature of the routine examination has been continued during the year. As full details were given in last year's report, it is not thought necessary to repeat them here.

Four cases of pre-eclamptic toxæmia were diagnosed at the Clinic during 1934. Three of these patients were at once removed to the Birmingham Maternity Hospital for special treatment and all did well. The husband of the fourth patient at first refused to allow his wife to be taken to hospital. Her condition became steadily worse and he eventually came to "The Firs" very repentant and asked for Hospital treatment to be arranged. This was immediately done. The patient was by this time seriously ill but fortunately she recovered.

It is pleasing to report, however, that the majority of patients are very willing to act on the advice given at the clinic. The work at the Clinic is increasing and despite all that may be said to the contrary, it is felt that such work is of considerable value. In a normal case, it helps the Mother's peace of mind to know that everything is progressing favourably. On the other hand, should any abnormality be diagnosed, steps are at once taken to correct it, and obviate a complicated labour.

During the year, several such cases were referred to their own doctors for treatment which could not be properly given at the Clinic.

MIDWIVES.

During the year, nine trained and qualified midwives were practising in the Borough.

Midwife Mould, who was receiving a subsidy of £25 resigned during the year and left Dudley. Midwife Chattin was appointed in her place and is practising in the Holly Hall and Woodside Area. She is receiving a subsidy of £50 until such time as she has built up a practise. The question of the amount of her subsidy will be re-considered at the end of a year's service.

Certain Midwives, under the Staffordshire County Council, reside just outside the Borough—they frequently attend on cases residing in Dudley.

During the year, 1,097 births were notified to the Medical Officer of Health. Included in this figure are 54 Still-Births. Of this number, 813 were notified by Midwives and the remainder, *i.e.* 284, either by a doctor, parent or local Registrar. In this latter figure are included 135 births taking place in one or other Institution who were likewise attended by qualified midwives. Thus 948 births had the attention of certified midwives—making a percentage of 89.7 births. This is quite a good result.

The **HANDYWOMAN** still shows her presence in Dudley, in that most of the births notified to me by the private doctor or the Local Registrar, have in attendance a Handywoman.

In my opinion, it is wholly in the power of the Medical practitioner to eliminate this unqualified midwifery practise by refusing to attend any woman at her confinement unless a trained and qualified midwife is in attendance.

MEDICAL AID.

Medical Aid was summoned by a midwife in 214 instances, either on behalf of the Mother or the baby. The percentage is 26.13 of those cases (813) attended in the homes by the Midwives.

It will be seen from the Table given below that some midwives send for the doctor much more frequently than others. The inference is, that some midwives have more confidence in themselves than others. It is interesting to carefully study this Table.

Table I.

This Table shows the Classification of reasons for sending for Medical Aid as stated on the Medical Help Form :—

ON ACCOUNT OF MOTHER :

Recommended at Ante-Natal Clinic	...	...	...	10
Torn Perinæum	...	...	...	64
Delayed Labour	...	...	...	28
Inertia	...	...	...	14
Abortion	...	...	...	19
Ante-Partum Hæmorrhage	...	...	...	12
Post-Partum Hæmorrhage	...	...	...	2
Adherent placenta	...	...	...	6
Rise of Temperature	...	...	...	7
Feeble pulse	...	...	...	2
Extended breech	...	...	...	3
Malpresentations	...	...	...	12
Other conditions	...	...	...	5
				—
				184
				—

ON ACCOUNT OF INFANT :

Feebleness of Infant	...	...	...	18
Prematurity	...	...	...	6
Still-born	...	...	...	4
Discharging eyes	...	...	...	2
				—
				30
				—

Table II.

This Table shows the number of cases attended by each Midwife, together with the number of times Medical Aid was sought :—

		No. of cases.		No. of Medical Aid.
Midwife J.	...	113	...	11
Midwife H.	...	140	...	43
Midwife Mc.L.	...	91	...	16
Midwife N.	...	97	...	53
Midwife D.	...	1	...	—
Midwife B.	...	134	...	28
Midwife R.	...	122	...	28
Midwife W.	...	34	...	5
Midwife P.	...	9	...	2

DOCTOR'S FEES.

During the year £237 14s. 6d. was paid in fees to Medical Practitioners on account of Medical Aid rendered at confinements. This is £14 more than the year previous. The amount recovered from patients was £26 4s. 6d., which is also £14 less than the year previous.

The usual full enquiries are made in every case, *i.e.* the financial and family circumstances—all working wages are confirmed. When all particulars are completed, they are sent to the Borough Treasurer with the doctor's account. The decision to pay the account is decided on a Scale arranged by the Committee.

MIDWIFE'S FEES.

The Claims made by Midwives for fees not paid by patients has also increased. The amount thus paid was £19 14s. 0d. In 1933 it was £11 10s. 6d.

The same full enquiry is made in every case before the case is put before the Committee. No claim is considered unless three months have elapsed since the confinement, in order that the Midwife should make every effort to recover her fee.

MATERNITY HOMES.

There is still only one small private Maternity Home in the Borough registered. Only an occasional confinement takes place here. The cases are attended by a doctor since the person in charge is not a qualified nurse or certificated midwife.

The Rosemary Ednam Maternity Home is just outside the Borough, in close proximity to Burton House, the Public Assistance Institution. Both these Institutions are under the Staffordshire County Council. By arrangement with the Staffordshire County Council, a certain number of Dudley cases have been admitted to the Rosemary Ednam Maternity Home during the year. For some of these cases the Maternity and Child Welfare Committee were responsible and for others the Public Assistance Committee—seven and fourteen respectively. All these cases were recommended by Dr. Wallace from the Ante-Natal Clinics. A certain number (93) of private cases from Dudley were also patients at the Rosemary Ednam Home.

In addition there were 21 other cases confined in Institutions, including 16 at the Birmingham Maternity Hospital.

Details of all these cases were reported to the Maternity and Child Welfare Committee.

STILL-BIRTHS.

There has been an increase in the number of Still-Births during the year, viz., 52 (Registrar General's figures) as compared with 42 in 1933. Of the former number 11 were inward transfers.

During the year, 52 Still-births were reported to me as follows :—

Reported by :—

Medical Practitioner	...	...	...	11
Midwife	...	...	...	39
Local Registrar	...	...	...	2

Of this number, 11 were Inward Transfers. An analysis of the figures gives the following particulars :—

Males	...	...	...	...	31	
Females	...	...	...	...	19	
Sex not known	...	...	...	...	2	
					—	52
Legitimate	...	...	...	...	52	
Illegitimacy	...	...	...	...	—
					—	52
Full-time pregnancy	...	...	...	...	32	
Premature	...	...	...	...	20	
					—	52
Primipara	...	...	...	...	15	
*Multipara	...	...	...	...	37	
					—	52
Presentation :—						
Vertex	...	...	...	...	30	
Breech and footling	...	...	...	...	10	
Placenta prævia	...	...	...	...	4	
Not stated	...	...	...	...	8	
					—	52

* Of this number 15 were multiparæ of 8 pregnancies and over.

MATERNAL DEATHS.

During the year, three mothers died from Child-Birth, two cases from Toxæmia of pregnancy and one from Puerperal Septicæmia.

The Maternal Mortality Rate works out at 2.80 per 1,000 births (total births 1071). In 1933 this rate was 1.79 with two deaths.

Brief notes of each case are as follows :—

1. Mrs. L.M.P., age 38—2nd. pregnancy. First was an abortion at 8 weeks in 1921. Duration of present pregnancy 14 weeks. Was seen by private doctor on 28-5-34. She had persistent vomiting—was seen by Consultant (general) on 16-6-34. Pregnancy was diagnosed. She improved for a time. On July 11th albumen appeared in urine and she rapidly developed a profound toxæmia. She was admitted to the Birmingham Maternity Hospital on the same day where she died on July 13th. The Post Mortem showed a Toxic condition of Liver and kidneys.
2. Mrs. L. G., aged 30—1st pregnancy—41 weeks gestation. Ante-Natal care by own doctor. The expected date of confinement was August 12th, but as “the head was not fixed and as there was some slight disproportion between it and the brim, the patient was advised to have labour induced.” Admitted to Birmingham Maternity Hospital on 14-8-34. Drug induction 14-8-34—slow and tedious delivery—forceps delivery on 22-8-34. Manual removal of placenta on 23-8-34, after blood transfusion. Temperature rose to 103 on 5th day after confinement. The Hæmolytic streptococcus was obtained from the blood on 4-9-34. Labour began on 17-8-34. Delivered on 22-8-34. Placenta Delivered on 23-8-34. Died 13-9-34.
3. Mrs. F. M. W.—age 25—first pregnancy. Duration of pregnancy 40 weeks. No midwife had been engaged—doctor engaged two to three months before expected delivery—urine examined by him. The patient had always been a healthy woman. When labour started doctor was called. Later, he called in second advice. On September 24th under anæsthetic, forceps were unsuccessfully applied. Patient was then sent to Hospital as a case of obstructed labour. Labour had started on 22-9-34. At 10-45 p.m. on the 24th a forceps delivery was effected. Patient had heavy loss before, with and after placenta delivery. The patient collapsed at 2.30 a.m. on the 25th and died about an hour after. A post-mortem was made and the cause of death certified as 1 (a) fatty degeneration of liver (b) Toxæmia of pregnancy, 2. Forceps delivery.

Full reports on all three of these cases have been sent to the Ministry of Health.

Satisfactory Hospital arrangements have been made for all complicated cases of pregnancy whether before, during or after labour.

Mr. Kenneth McMillan of Birmingham is called in for consultations when required and complicated cases are admitted either to Loveday Street Maternity Hospital, Birmingham, or should the case be a septic one, to the Women's Hospital, Sparkhill, Birmingham. A fee of five guineas is paid to the Consultant and three guineas per week in Hospital fees.

Mr. McMillan visited Dudley six times during the year and 11 patients were admitted to Hospital. No difficulty has been experienced in any part of this work.

With regard to Hospital accommodation for ordinary cases of pregnancy, some difficulty has been experienced during the year. As previously stated 135 confinements took place in some Institution—the majority of these went to the Rosemary Ednam Maternity Home. Only 21 of this number came within the purview of the Committees of the Local Authority—7 Maternity and Child Welfare and 14 Public Assistance Committee Cases. The remainder went in as private cases, making their own arrangements with the Home. Owing to the large number of bookings ahead, we have been informed by the Rosemary Ednam Home, when trying to make arrangements for cases coming under the Maternity and Child Welfare Committee, that no further arrangements can be made until three or four months ahead. In three or four instances, such cases have had to be admitted into the private houses of certain midwives for their confinement. These cases are all of such a nature that it is considered, owing to bad housing conditions or overcrowding, or poverty, that the confinements should take place in suitable surroundings. Of course, in all these cases the Committee pays the full fee of two guineas per week per patient.

It is hoped that some satisfactory arrangements will be made in time.

THE TODDLER.

We are still continuing our efforts to give more attention to the Toddler. Health Visitors are specially told to visit them and to induce the Mothers to bring them up to the Clinic for examination. During the year 661 special examinations were made of this grown up baby. All defects are pointed out to the Mothers and, where possible, treated. Thus nose, throat and ear cases are referred to the special Clinic under Dr. Dean, and dental cases to the Dental Clinic—squint and other chronic eye defects to the Ophthalmic Surgeon at the Hospital.

During the year 31 children between the ages of 1 and 5 years died. The two tables below show (*a*) the age groups and (*b*) the causes of death.

(a)				1933.	1934.
	1 to 2 years	...	...	17	20
	2 to 5 years	...	...	13	11
				<hr/>	<hr/>
				30	31
				<hr/>	<hr/>
(b)	CAUSE OF DEATH.			1933.	1934.
	Measles	...	...	1	4
	Whooping Cough	...	...	1	1
	Tuberculosis	...	...	2	1
	Scarlet Fever	...	...	1	0
	Influenza	...	...	11	0
	Pneumonia	...	...	2	12
	Diarrhoea	...	...	3	2
	Other diseases	...	...	9	11
				<hr/>	<hr/>
				30	31
				<hr/>	<hr/>

MILK (Mothers and Children) ORDER, 1919.

Free Milk (Dried) is still being issued to necessitous expectant and nursing mothers and babies. A large number of mothers purchase the milk at cost price.

In every case of free supply the father has to complete a form of application every week and if the net income comes within the recognised scale as fixed by the Committee, the free issue is made. These application forms ask for detail information and are very carefully examined every time.

Dr. Wallace prescribes the milk to expectant mothers at the Ante-Natal Clinics.

During the year, the following amounts of dried milk were issued free.

At Dudley "The Firs"	...	...	2,774
At Netherton	...	...	1,032
At Holly Hall	...	...	384
At the Priory	...	...	840
			<hr/>
			5030
			<hr/>

The total cost of this was : £337 7s. 9d.

ORTHOPAEDIC TREATMENT.

These arrangements have not been altered. All children under school age, suffering from any orthopaedic defect are referred to the Orthopaedic Clinic, which is under the supervision of an orthopaedic surgeon, Mr. Wilson Stuart of the Royal Cripples Hospital, Birmingham. One quarter of the running costs of this

Clinic are defrayed by the Maternity and Child Welfare Committee and three quarters by the Education Committee. Mr. Stuart visits once or twice a month as the case may be and the After-Care Nurses come once a week—on Fridays.

The actual cost of In-patient treatment or of surgical appliances, etc., is wholly borne by the Committee concerned.

For massage or ultra-violet ray treatment, children of all ages attend and the cost met by both Committees as arranged.

In every case of hospital treatment or provision of appliances, full enquiries are made and placed before the Maternity and Child Welfare Committee. The Committee then decide whether the parent should pay in full, part or none at all of the cost towards the expenses.

During the year, the following cases were under treatment :—

Defects !

Paralysis	...	...	...	5
Rickets	...	...	...	29
Congenital defects	...	...	...	9
Foot defects	...	...	...	20
Others	...	...	...	11
TOTAL ...				74

TOTAL ATTENDANCES MADE 310

The attendances made at the Massage Clinic ... 294

The attendances made at the Sun-Ray Clinic ... 1919

Only one case of Tubercular origin was noted.

Four children under school age were treated as In-patients at the Royal Cripples Hospital. The fee payable to the Hospital for In-patient treatment is £2 12s. 6d. per week. The cost of all Tubercular cases undergoing Orthopædic treatment is borne by the Joint Tuberculosis Committee.

DENTAL TREATMENT.

The dental work for mothers and babies does not make satisfactory progress. The numbers attending for treatment are still very small in comparison to the amount of defects that is known to exist. It would be a rare exception to find one month free from Dental defects of some kind in a pregnant or nursing mother. It is astonishing too, how frequently babies under 5 years of age are found to have very defective and carious teeth.

The following attendances were made :—

Nursing Mothers	...	...	...	162
Expectant Mothers	...	...	...	72
Babies	...	...	...	355
TOTAL ...				589

Permanent extractions	...	...	449
Temporary "	...	...	314
General anæsthetics	...	...	468
Permanent operations	...	...	87
Temporary operations	...	...	101
TOTAL ...			<hr/> 1419 <hr/>

Mr. Nelson makes the following remarks :—

“ The figures given in the Tables showing the Attendances at the three Clinics under the Maternity and Child Welfare Scheme are below the 1933 level, although well above that of the previous year. No definite reason can be given for the fall in these figures, other than to say that it is chiefly “ mothers ” where the deficiency lies. It must be appreciated that the dental department depends entirely for its supply of patients on the baby and ante-natal clinics, and that if the patients are not sent along, there is nothing else that can be done in the matter except propaganda.

The Clinics are held at Dudley on Friday afternoon, Netherton on Monday and Wednesday mornings and Holly Hall on Thursday afternoon. These are (with the exception of Dudley) only part-time sessions, the work being carried on jointly with the school work. The supply of patients is far too variable at present to fix definite hours of attendance. In spite of this large amount of latitude which is given, patients are reluctant to attend on the days reserved for them and wish for treatment whenever they arrive, irrespective of the number of previous appointments that may be waiting.

An examination of the Tables will show that Holly Hall is outstandingly bad. It is perhaps significant that Holly Hall is the worst equipped Clinic in the district and has no running water, etc. One cannot help feeling that if the equipment cannot be brought up-to-date and the place modernised, it would be better closed. All that one can do is to examine cases there and send 90% to Dudley for treatment—as in the School cases, treatment there is out of the question.

Much might be said which would only be a repetition of what has been written in previous years. The mouths of the cases which reach us for treatment are, more often than not, in an absolutely filthy condition. It is with regret that one has to report that in no other part of the Country has one ever seen mouths in such a dirty and neglected condition.

In conclusion, I would like to see it made a condition of employment in 1935 that all employees were dentally clean and fit. In the case of the midwife, the effects of oral sepsis on her

patient can be so far reaching and disastrous that I feel that because there are black sheep in the fold, they should all come under supervision.

EAR, NOSE AND THROAT CLINIC.

This Clinic is doing very good work. A complete report by Dr. Dean, (a lady doctor) as to the work of this Clinic will be found in the portion of this Annual Report dealing with the School Medical Service.

Certainly the toddler group of children are having very much better attention as far as this work is concerned since this Clinic was inaugurated. Children of ALL ages are seen at this Clinic together, thus making another point of co-ordination of the Services, which is all to the good. Most of the babies (under five years of age) are first seen at the Infant Clinic by one of the doctors and are referred to the Ear, Nose and Throat Clinic to see Dr. Dean. As stated before, Dr. Dean attends twice a week and is very busy at each session. All cases for operative treatment are admitted to the Guest Hospital and all the operations are performed by Mr. Hallchurch, the Ear, Nose and Throat Specialist at the Hospital. Most cases are kept in Hospital for one night and returned next day to their homes in the Ambulance. The agreed fee to the Hospital for operative treatment is £1. 11s. 6d. which is either paid in whole or part by the Maternity and Child Welfare Committee.

The cases dealt with during the year are as follows :—

No. of cases ; 93. Attendances made : 275.
No. of operations : 18.

INFECTIOUS DISEASES.

SCARLET FEVER has been prevalent more than usual during the whole of the year. There were 35 cases notified to me of children under 5 years of age and of this number 24 were admitted to the Infectious Diseases Hospital at Hayley Green (The Stourbridge and Halesowen Joint Infectious Diseases Hospital). One child died from this disease.

DIPHTHERIA—this disease has also been more prevalent. There were 22 cases notified to me of children under 5 years of age. 19 were admitted to Hospital. There were 3 deaths.

This is a disease where time is everything. There can be no doubt that the chances of recovery are in proportion to the time which elapses before treatment is commenced—the earlier the case is diagnosed and treated the better is the progress. In my opinion, every case of diphtheria should be treated in hospital.

MEASLES AND WHOOPING COUGH. During the year, 6 babies died from Measles and 1 from Whooping Cough.

LADIES VOLUNTARY COMMITTEE.

We have a band of ladies who help us with the work at the Clinics. Some of the ladies are wonderfully good and attend most regularly and do their "bit" with keenness and zest. But there are many others who do not attach sufficient importance to it, otherwise they would not leave the nurse in the lurch. In my last Annual Report, I made a strong appeal on this point, but I am sorry to say without the result I anticipated. These remarks apply especially to the Dudley Clinics at "The Firs."

LADIES, WILL YOU HELP?

BABY DAY.

Baby Day was held on June 6th. at "The Firs." It was a great success. The day was fine and the ladies did make this "go"—they were splendid. The Mothers and the Toddlers did enjoy themselves on the beautiful lawn at "The Firs" and there were over 500 present. A sumptuous tea was provided—there was some music and a few ladies did an open air play.

A large number of visitors were invited, including members of the Council. They too enjoyed the tea the ladies gave them.

Our best thanks are due to the Ladies Voluntary Committee and especially to Mrs. Bagshaw the Secretary of that Committee. Mrs. Bagshaw is a keen and anxious worker and I am personally very grateful to her for all her help.

THE HEALTH VISITORS.

During the year there have been certain changes in the Health Visiting Staff.

Nurse Johnson was formerly a School Nurse. She was granted six months leave without pay, to study at Birmingham for the Health Visitor's Certificate of the Royal Sanitary Institute. She succeeded in passing her examination and was appointed permanently as a Health Visitor in April, 1934.

Nurse Plummer was also originally a School Nurse but she had the Health Visitor's Certificate. She was also appointed a Health Visitor when Nurse Reynolds was appointed a full-time Mental Deficiency Supervisor in May. Up to that time, the latter Nurse was part-time Health Visitor and part-time Mental Deficiency Supervisor. Nurse Evans and Nurse Black have been Health Visitors for many years.

All these Nurses have worked very well. Their time has been very full and I must say that they have all taken a very keen and lively interest in their work. The following Table shows how busy they have been.

REPORT OF HEALTH VISITORS FOR THE YEAR 1934.

	NURSE EVANS.	NURSE BLACK.	NURSE JOHNSON.	NURSE PLUMMER
BIRTHS Notified to M.O.H.				
Live : Legitimate Male ...	155	123	99	77
Female ...	133	112	110	80
Illegitimate Male ...	5	2	—	1
Female ...	7	1	1	2
	300	238	210	160
By whom notified :—				
Medical Practitioners ...	16	6	24	1
Midwives ...	260	228	187	139
Local Registrar ...	12	4	9	1
Others ...	12	—	3	—
	300	238	222	141
Still-births notified : Male ...	9	5	4	7
Female ...	8	4	3	1
	17	9	7	8
Births outside Borough ...	52	24	42	17
	52	24	42	17
Visits of Health Visitors :				
First visits to babies ...	357	248	328	165
Re-visits ...	1955	1272	913	1063
Visits to 1—5 children ...	6099	3992	3892	3574
Ante-Natal visits ...	176	52	50	70
Re-visits ...	38	75	68	114
Visits to Still-births ...	17	10	10	8
Visits to Midwives ...	41	92	8	4
Visits to Ophthalmia Neon. ...	1	1	1	2
Re-visits ...	14	6	—	10
Visits to Tuberculosis pat's. ...	34	20	27	24
Re-visits ...	82	59	193	122
Visits to whooping cough " ...	25	8	15	20
Re-visits ...	24	—	10	16
General advice ...	270	822	654	270
House inspections ...	151	6	30	2
Common yards visits ...	11	1	23	—
Visits to Blind Persons ...	58	125	80	29
Special visits ...	228	131	235	262
	9581	7048	6552	5755
Attendances at Clinics :				
New cases under 1 year ...	232	195	232	131
New cases over 1 year ...	95	32	91	130
	327	227	323	261
Total attendances :				
Under 1 year ...	4945	3079	2915	2028
Over 1 year ...	1400	1611	1257	622
	6345	4690	4172	2650
Ante-Natal Clinics :				
New cases ...	100	72	139	99
Old cases ...	198	146	260	273
	298	218	399	372
Post-Natal :				
New cases ...	10	8	21	2
Old cases ...	33	4	17	9
	43	12	38	11

COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

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THE ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1934

The average number of children on the School Register during 1934 was 9,995.

The average attendance was 9,144.

RE-ORGANISATION.

The following notes have been given to me by the Director of Education :—

During the year the average number of children on the registers of the Elementary Schools was 9,995 with an average attendance of 9,114.

The replacement of unsatisfactory school premises has made definite progress during the year, and building operations were commenced in connexion with the erection of a new school for 300 infants and Juniors at Blower's Green. As the Managers of the St. Thomas's Church School have also decided to build a new school for about 250 Juniors, and to close their Mixed Department as well as their Tetnall Street Infants' School, the area concerned will very shortly have two new schools in the place of two old schools which were included in the Board of Education list of unsatisfactory school premises ; the Managers also propose to carry out, during 1935, substantial alterations to the St. Thomas's Church Infants' School. These changes will cause the four following Voluntary Schools, St. Thomas's, St. John's. St. Edmund's Church Junior and Infants' School and Blue Coat Senior Mixed School, to form a re-organised group of Church of England Schools providing accommodation for about 1400 children.

In addition preliminary plans for the erection of a school for about 700 infants and juniors on the Wren's Nest portion of the Priory Estate were approved and it is expected that the building of the Junior Department will commence early in 1936.

The following summary indicates the organisation of the Elementary Schools of the Borough during the year 1934 :—

Senior Schools (11 to 14 plus)	...	8
Schools not re-organised (7 to 14 plus)		4
Junior Schools (7 to 11 plus)	...	10
Junior and Infants' Schools (5 to 11 plus)		2
Infants' Schools	... ..	15

FREE MEALS.

During the year consideration was given to provide necessitous and specially selected children with a free dinner. This was carried into effect, and the first dinners were given on December 4th.

Bringing the scheme to fruition involved a great deal of thought and work on the part of the Director of Education. Visits were made by him to Authorities where the scheme was operating, and as a result the Dudley plan was evolved. Further notes on this will be found later in the report.

Free milk was also very liberally distributed during the year.

In all these cases the children are medically examined.

THE EAR, NOSE AND THROAT CLINIC.

This Clinic which was inaugurated in 1933 has fully justified itself during 1934. The attendances at the Clinic have been quite big, and very good work has been done. A more detailed report will appear later.

WAITING-ROOM FOR SCHOOL CHILDREN.

In my report for 1933 I said " I cannot refrain from mentioning here that the Waiting-Room accommodation at " The Firs " is most inadequate." This inadequacy has been made good and during the year a very fine Waiting-Room has been added to " The Firs." This is a separate building measuring 25-ft. × 40-ft., built at the back and connected to the " Firs " by a short covered way. It is a large, well lighted, and airy room—a brick structure with a span roof—the floor is covered with good linoleum. The walls are now decorated with picture frames containing Health Posters. I am more than grateful to the Committee for their sympathetic consideration in this matter.

With the addition of this Waiting-Room further needed alterations at "The Firs" were made possible. What used to be the Nurses Room on the first floor has been connected to the big Baby Room by a doorway. This room now becomes the doctors' room, so that the waiting room (for the mothers), weighing room, and doctors room, are all in series now, and lead from one into the other.

The Nurses Room now is on the ground floor, and was the original Waiting-Room for School children.

These additions and alterations have been most satisfactory, and are working well.

THE STAFF.

There have been two changes in the School Medical Staff during the year.

Mr. Neilson, our second Dental Surgeon, left in March, and in his place Mr. Thomas Helmer was appointed.

Nurse Ruttley took the place of Nurse Plummer who filled a vacancy on the Health Visiting Staff of the Corporation.

CO-ORDINATION.

Every effort has been made to co-ordinate the work of all departments of the School Medical and Maternity and Child Welfare Services. In certain sections children of all ages are seen and dealt with at the same Clinic. The three doctors attend Clinics of both sections. The School Nurses and Health Visitors, however, do their own work—they are paid by their own Committees.

It would save a great deal of overlapping if each of the eight Nurses could have a smaller district, in which each one would be responsible for all the work, school children, babies, Tuberculosis, Blind, etc. This would have the further advantage that one visit from one Nurse to a house would suffice for a complete investigation of all matters, instead of a visit from two nurses. The nurses would get to know the families better, and would watch the children grow up from Babyhood through their School life. It is for this reason that all the Nurses should have the Health Visitors Certificate and should receive the same scale of salary.

MEDICAL INSPECTION.

The School Medical Inspections are done by Dr. Hughes, my full time colleague.

The numbers examined in each group are higher than they were in 1933—the total being 434 in excess of 3283, the figure for the previous year. The number of Other Routine Inspections was also much higher, viz., 1516 as against 18.

	1933.		1934.	
	No. Examined.	% of Defects.	No. Examined.	% of Defects
Entrants ...	1099	23.20%	... 1173	20.88%
Intermediates ...	1073	18.73%	... 1244	19.05%
Leavers ...	1111	17.28%	... 1300	15.46%
Total ...	3283	19.73%	... 3717	18.46%

The Special Inspections numbered 3671—129 more than in 1933. The Re-Inspections were 8573 (920 more). The total attendances amounted to 12,244, an increase of over 1,000.

Apart from the regular ordinary minor ailments Clinics 2,493 attendances were made at other times.

There were also 906 children examined for supply of Free Milk—1,516 prior to receiving swimming instructions or going to Camp.

The defects encountered at these Inspections (Routine and Special) are set out in the Statistical tables (Table II.) at the end of this Report.

Summary of Defects :—

				Routine.	Special.
Malnutrition ...	...	...	...	103	68
Eye Diseases ...	...	...	...	31	167
Defective Vision and Squint ...	...	...	...	92	59
Nose & Throat : Tonsils and Adenoids				246	143
Ear Diseases ...	...	...	...	62	128
Skin Diseases ...	...	...	...	40	848
Heart and Circulation ...	...	...	...	53	69
Lungs ...	...	...	...	42	82

On the whole these figures are not very much different to those for the year previous ; the total is only 108 more.

In 1933 only 38 cases of **Malnutrition** were recorded but in 1934, 188 cases were noted. Perhaps because more stress has been laid on this matter recently, and therefore a more careful scrutiny has been exercised, and cases included which formerly were not considered as being under nourished. For an Industrial area, and a poor area at that, it would be expected that malnutrition was more prevalent than it really is. A more careful record is being kept this year.

UNCLEANLINESS.

The number of Head Inspections made during the year numbered 88,898. These were made by the four School Nurses. In this number the nurses reported 2,261 dirty heads, including all degrees of uncleanness.

I am sorry that the number of Head Inspections has gone down considerably. This is due to the fact that the Nurses are doing more treatment work. Every morning in the week a Nurse is on duty at the Minor Ailments Clinic dealing with Ear and Skin cases and other forms of minor ailments.

The average number of visits made to each school department was 9.6 as against 22.9 two years ago, and in 1933 it was 15.8.

I think, in consequence, I am bound to record that there have been some very dirty heads during the year with masses of Impetigenous sores on the scalp. These have needed a great deal of time and work to get right again.

Some cases had to be reported to the Inspector of the N.S.P.C.C. There were no prosecutions.

The report of the Nurses is attached.

SCHOOL NURSES REPORT FOR THE YEAR ENDING 1934.

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	Number of children examined.	Number of children found to be unclean.		Number of children found with skin disease.	Number of children excluded.	Number of visits paid to Schools.	Number of attendances at Clinics.	Number of attendances at Eye Clinics.	Number of Visits paid to Homes.
JANUARY	12187	138	44	4	—	75	104	—	41
FEBRUARY	7237	91	29	6	—	59	140	2	43
MARCH	5564	118	41	16	—	64	115	2	85
APRIL	8954	75	30	12	—	66	96	—	66
MAY ...	9344	85	40	7	—	46	107	1	68
JUNE	6530	66	39	6	—	56	102	4	47
JULY	9410	270	64	—	—	68	103	4	48
AUGUST	8150	198	81	—	—	68	13	1	53
SEPTEMBER	—	—	—	—	—	—	—	—	2
OCTOBER	10231	296	144	18	4	74	121	2	37
NOVEMBER	10329	321	35	28	3	72	113	4	47
DECEMBER	5528	180	4	14	2	49	93	2	35
TOTAL	93464	1838	551	111	9	697	1214	22	572

Infectious Diseases.

The prevalence of Scarlet Fever noted in the latter part of the year 1933, continued during 1934. There has been a great increase in the number of cases as is shown in the table below. The type of the disease has been on the whole mild. There have been a few severe cases.

Diphtheria too has been more prevalent during the year, especially during the latter part of the year. There have been several severe cases but practically all of them were removed to Hospital.

Such Infectious cases as were removed to Hospital were sent to the Stourbridge and Halesowen Joint Hospital at Haley Green. The local Council have an agreement with the joint Board for the treatment of our cases.

Table showing number of school age children who suffered from Scarlet Fever or Diphtheria during the year :—

		Notified.	Admitted to Hospital.	Deaths.
Scarlet Fever	...	88	43	2
Diphtheria	...	29	23	2

Following Up.

This work is done by the Nurses. Urgent cases are followed up by Dr. Hughes.

The Nurses made 572 visits to homes during the year.

MEDICAL TREATMENT.

Six sessions for the treatment of Minor Ailments are held each week, viz.:—

At "The Firs," Dudley	Monday, Wednesday and Thursday.
Public Hall, Netherton	Wednesday afternoon.
Public Library, Holly Hall	Friday afternoon.
Priory Clinic	Friday morning.

Dr. Hughes conducts five of these, and the sixth is taken by myself at "The Firs."

The total number of children seen at these various Clinics was 1883, and the total number of attendances made was 12,244. Attendances made at other times than the set days are recorded in a Casualty Book.

Frequently at these Clinics cases of serious illness are seen. After a careful examination the parent is advised to take the child home and call in their private doctor. Failing this the child is sent to the Hospital with a letter to the House Surgeon.

Ear, Nose and Throat Diseases (Tonsils and Adenoids.)

The special Ear, Nose and Throat Clinic inaugurated in June 1933 has functioned all through 1934, and has done very good work. I am more than satisfied with the good work that has been done. The Clinic is under the guidance of Mr. Hallchurch of Wolverhampton, who is on the Honorary Staff of the Guest Hospital and the Wolverhampton General Hospital. Mr. Hallchurch attends once a month. Dr. Dean (Lady) attends twice weekly, and sees all the patients. Both these sessions are big, and usually occupy a whole morning.

Ionisation and other forms of local treatment are carried out at the Clinic, and all operative treatment at the Guest Hospital by Mr. Hallchurch himself.

I give here a report by Dr. Dean on the work of the Clinic :—

The Ear, Nose and Throat Clinic has now been in operation for nearly two years, and has done some very useful work. Over 700 children have attended and received treatment at the Clinic during this time.

Attention to diseases of the ear, nose and throat in children is of great importance, due to the many complications, to which they may give rise. The work at the Clinic consists of examination of the children, and treatment of the conditions from which they are suffering. Some of these, especially diseases of the ear, require daily treatment, and if this cannot be given satisfactorily at home, the child attends the Clinic for daily dressings.

There is a close relation between the nose, the ear and the throat, and disease of one may spread to the other two. There is also a close connection between the nose and ear, and the brain, and from this may arise very serious complications.

In the case of enlarged adenoids and infected tonsils an operation for their removal is usually required. The child is kept under observation afterwards, until any complication, from which it may have suffered, has been cured.

Enlarged adenoids in children give rise to mouth breathing and faulty development of the nose, the lungs and chest are under-developed, and as this prevents the blood from obtaining all the oxygen that it should, the child is under-nourished, and suffers from disturbed digestion, and liability to infectious processes. The digestive disturbance is increased by the swallowing of infected secretions from the nose and throat. The child is often listless and irritable, may suffer from defective speech or deafness, and consequently its mental faculties are impaired. There is a tendency to bronchitis. The adenoids are a fruitful source of mischief to the ear and mastoid process. Removal of the adenoids in a child is often followed by immediate relief of deafness and discharging ears. The lymphatic glands of the neck may be enlarged, due to suppurative conditions of the ear,

nose and throat, and this enlargement is an indication for treatment. If there is a tendency to tubercular infection, the matter becomes even more serious. Among infections which may have started in the tonsils are Rheumatic Fever and Nephritis. Tonsillectomy offers a child relief from head colds and mouth breathing, it lessens the chance of discharging ears and their complications, and lessens the incidence of Diphtheria and heart disease. Chronic discharging ears are very often neglected by the parents, and as long as no alarming symptoms are present, they are regarded as a necessary evil. This idea is being overcome by the work done by the School Medical Service, and the results of treatment have been very good. Early treatment is very important, as by this means serious complications are lessened. Chronic disease of the ear often gives rise to deafness and has a bad effect upon the general health. The ear is separated from the brain by a partition of bone, which, in places, is very thin. Chronic suppuration of the ear often results in destruction of this barrier and brain abscess or meningitis may follow. In acute infections of the ear an operation may be necessary or in long standing cases the only cure may be an operation. A large portion of the work of the Clinic, however, is the careful dressing of the ear or nose by the nurse. A form of electrical treatment, zinc ionisation, is given to suitable cases of discharging ears, and the results of this have been very encouraging. The earlier the treatment of the disease can be commenced, the more hope there is of cure, and the aim of the Clinic is to provide this early treatment, and by preventive measures, such as removal of infected tonsils before the disease has affected the ears or nose, to lessen the number of children who do suffer from these diseases.

Tuberculosis.

During the year 7 cases of Tuberculosis amongst School children were notified by me on B. Form—3 males and 4 females. Localisation of the disease was as follows :—

Lungs	6	Cervical Glands	...	1
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Four of these cases were admitted to the Himley Sanatorium for children. During 1934 there were 10 cases in the Sanatorium.

The following is a summary of the cases under observation since 1930 ; all these children are of school age.

SUMMARY :

Lungs	...	...	...	...	27
Cervical Glands	...	...	...	...	11
Hip	...	...	...	...	2
Peritoneum	...	...	...	...	6
Spine	...	...	...	...	6
Hilar Glands	...	...	...	...	2
Inguinal Glands	...	...	...	...	1
Kidney	...	...	...	...	1
Rib	...	...	...	...	1

Skin Diseases.

No less than 888 children were treated for various forms of skin diseases. Roughly these cases may be classified as follows :—

Ringworm of Scalp	1	Impetigo	432
Ringworm of Body	7	Other skin diseases	434
Scabies (Itch) ...	14		

Of course cases of Impetigo or septic sores form the vast majority of skin diseases. As I have repeatedly said it is entirely a disease due to dirt. Once a septic sore forms on a child it is most apt to spread to other parts simply because the infecting matter is carried from one place to another, usually by the child "picking" the sores and carrying the germs to other healthy and exposed parts of the body.

Just a simple matter of cleanliness in the first instance and then no septic sore would form. A little wash and Iodine and protection for a day or two is all that is necessary.

Ringworm of the scalp seems to be dying out ; only one case was recorded during last year. This was treated by X-Rays.

The children suffering from Scabies (or Itch) give us a great deal of trouble. It is most difficult to treat these cases in the poor homes from which most of these cases come. Under better home conditions these children could be cured in a very short time.

Defective Vision.

During the year 151 children were examined by Retinoscopy for Defective Vision including Squint. In 95 cases glasses were prescribed and obtained. In a few cases some difficulty is experienced in making the parent obtain the glasses, but with perseverance and some financial help all children obtain the glasses prescribed for them. The financial help is given from a Voluntary Fund.

The Eye work of the school children is carried out under the supervision of Mr. St. Clair Roberts who is the Ophthalmic Surgeon on the Honorary Staff of the Guest Hospital in Dudley.

Other Defects and Diseases of the Eye.

Most of these comprise cases of acute or chronic inflammation of the eyes and eye lids. Often they are very troublesome cases to treat and need constant and persevering treatment. So many of them are due to neglect in the first instance, simply because they are not diligently treated in the acute stage.

Dental Defects and Treatment.

Mr. Nelson, Senior Dental Surgeon, has more than once expressed the opinion that having a constant change of nurses to assist at the Dental Clinics does not make for efficiency nor does it help towards an increase of the amount of work. As at present regulated different Nurses at different times do the Dental work. He advocates the employment of Dental Attendants as is done by many authorities. These attendants are not

qualified nurses, nor are they paid at the same rate of salary as nurses. If the Committee could see their way to appointing one such attendant, I am sure it would help the work. This would release the School Nurses to some extent for other work, viz., Inspections for cleanliness at Schools has suffered very much lately in consequence of the additional work done every day in connection with the Ear, Nose and Throat Clinic which necessitates the attendance of a School Nurse every morning. This has made a great difference in the amount of visits paid to schools and also to homes of the children.

The following remarks have been contributed by Mr. Nelson the Senior Dental Surgeon.

As usual the table of statistics required by the Board of Education is given on another page. Below, however, is a table showing the attendance and the actual work done at each Clinic.

It was anticipated last year that the change in staff earlier this year, might cause a slight falling off in figures until the new dental surgeon became accustomed to the routine of the place. As will be seen from the figures, these fears were not realised, as the attendance is up to standard.

To take the figures as they occur in the tables, the very slight decrease in attendance figures is more than covered by the fact that the year was shorter by fourteen sessions than the previous year. As a matter of fact, quite a large fall in total attendance might reasonably have been expected owing to the increased time taken in raising the conservative figures by 25%. Naturally, as more teeth are saved, fewer have to be extracted and although the decrease is not yet very apparent, it is hoped that in future years this section will continue to diminish until the need for extractions and general anæsthetics will gradually disappear. In short, an examination of the figures points to the conclusion of a very satisfactory year.

Clinic.	Attendances.	Permanent Fillings.	Temporary Fillings.	Permanent Extractions.	Temporary Extraction.	Administrations of Nitrous Oxide.	Other Operations Permanent.	Other Operations Temporary.
DUDLEY ...	4965	1609	243	992	3125	2995	805	558
NETHERTON ...	1938	436	41	411	1379	1295	307	197
HOLLY HALL ...	561	192	9	1	194	—	198	105
GRAND TOTAL	7464	2237	293	1404	4698	4290	1310	860

1933 figures given below for comparison.

	Attendance.	Fillings Permanent	Fillings Temporary.	Extractions Permanent	Extractions Temporary.	General Anæsthetics.	Other Operations Permanent.	Other Operations Temporary.
DUDLEY . .	5596	1401	216	1113	4709	3904	568	612
NETHERTON ...	1716	309	44	279	1269	867	282	229
HOLLY HALL ...	642	44	22	1	378	—	151	127
	7954	1754	282	1393	6356	4771	1001	968

The following sessions are held at the 3 Clinics :—

Dudley, “ The Firs,” 5 joint and 4 single handed sessions.

Netherton, 2 joint and 1 single handed sessions.

Holly Hall, 1 single handed session.

In addition to the above 661 Maternity and Child Welfare cases were treated, as shown in the Maternity and Child Welfare report.

The ‘ Health Week ’ being held in November, was rather later than usual. It was a trifle upset by the fact that five days work had to be condensed into four, owing to the holiday for the ‘ Royal Wedding.’ Nevertheless, although I have heard nothing in praise or otherwise of Mrs. Lloyd, the lecturer, I can only state one fact, that never before following a Health Week, have our attendances been so high. Our thanks are certainly due to Mrs. Lloyd for the results she obtained.

Mention has been made in the Maternity and Child Welfare Report of the unsatisfactory nature of the Holly Hall Clinic. Out of date equipment and an unsatisfactory room with no water laid on, tell their own tale in the table of figures—no real work is possible there. All that is possible is to see cases there and send them to Dudley for treatment. Compare this Clinic with Netherton, which since it has been reasonably equipped and brought up-to-date has an attendance (bearing in mind it is only worked three half-days a week) superior to Dudley. Only a matter of three years ago Netherton was considered a quite unsatisfactory clinic. I feel it my duty to urge that if the Holly Hall Clinic cannot be satisfactorily equipped, that it should be closed.

From time to time attendances from individual schools are poor, and do cause quite an amount of trouble. We do however manage to get most of the children to the Clinics **eventually**—some after the loss of much time and patience. Thus out of 3,785 children selected in school for treatment, we actually

treated at the Clinic 3,287 of them, or 87%. As said in 1933, it is doubtful whether any other place, irrespective of 'consent forms,' obtains much better results than this.

Crippling Defects and Orthopaedic Treatment.

The work of the Clinic is carried out by the Royal Cripples' Hospital, Birmingham. Mr. Wilson Stuart is the Orthopaedic Surgeon, and he visits "The Firs," for a session once and sometimes twice a month. The Nurses also come from the same Hospital, but they attend every Friday, and carry out the after-treatment.

At this Clinic children of all ages attend at the same session, but the cost is apportioned to the appropriate Committee.

In addition to the Dudley patients certain outside Authorities make use of the Clinic also, by sending their patients who reside near Dudley to "The Firs," rather than to Birmingham.

The same arrangements as in previous years hold good with these Authorities as to the payment of fees. The fee paid for an attendance is 2/6 per patient, the total cost of surgical appliances and Hospital treatment being borne by the Authority concerned. The cost of an attendance for Sun-Ray treatment is 1/6 per time.

The following table gives a generalised classification of the Defects found in Dudley school children :—

Non-Tuberculosis affections :—

Paralysis	...	...	...	7
Rickets	...	...	...	9
Congenital deformities	...	...	...	5
Deformities of feet	...	...	...	21
Other conditions	...	...	...	25
				—
				67
				—

12 of these were new cases.

Total attendances made—217.

Tubercular affections :—

Spinal disease	...	...	...	7
Others	...	...	...	4
Total attendances made	...	...	...	60

The work in the Massage, Electrical, and Remedial Department is carried out by a full-time qualified Masseuse. The total number of attendances of Dudley School children made for treatment in this Department were 748. In this Department there is also a Mercury Vapour Lamp for Ultra Violet Ray treatment and 481 attendances were made by Dudley school children.

General Summary :

	Ortho- pædic.	Massage.	Ultra- Violet Ray.
Dudley Education Committee ...	217	748	481
Dudley Maternity and Child Welfare	310	294	1919
Staffs. Education Committee ...	91	472	—
Staffs. Health Visiting Committee	114	—	—
Tuberculosis Joint Committee ...	289	271	56
Borough of Rowley Regis ...	23	169	—
Brierley Hill Urban District M.& C.W.	—	34	—
	<hr/> 1044	<hr/> 1988	<hr/> 2456
GRAND TOTAL ...	5488.		

This total is 503 more than last year.

Open-Air Education—West Malvern Open-Air School.

During the year 60 children (30 boys and 30 girls) were again sent to the Open-Air School at Malvern. As usual all the children benefited very much by the three months change; some benefited to a greater extent than others. A party of 20 children, under the care of a nurse, went in March, June, and September. The School is closed during the last Quarter of the year.

The average gain in weight per child is as follows :—

	June.	Sept.	Dec.
Boys ...	12 $\frac{1}{4}$ lbs.	8 $\frac{1}{4}$ lbs.	12 $\frac{1}{2}$ lbs.
Girls ...	12 $\frac{1}{4}$ lbs.	10 $\frac{1}{2}$ lbs.	14 $\frac{1}{2}$ lbs.

All these children are selected by me and are for the most part children of the poor who have been ailing for some time. They are seen by me frequently for six weeks before they go, with special attention to cleanliness.

It speaks very well of the School that the children come back looking wonderfully well, and with very few exceptions indeed they express great regret at having to come back. They evidently have a very good time there.

The parents of many of these children are so poor that they cannot fit the child out with a sufficiency of warm clothes and shoes. They are helped to do this by means of a contribution from our School Medical Service Voluntary Fund. This Fund is replenished by means of a Whist Drive and Dance about once every two years which the School Nurses organise, and our thanks are due to them.

Astley Burf Camp.

This Camp was again open last year. During the year a further addition was made to the Camp by providing a new wash-house and a pump. Batches of 60 children went down during the summer weeks ; they stayed at the Camp from Monday to Friday. Approximately 660 children visited the Camp. They all look forward to this visit and thoroughly enjoy themselves.

BLIND, DEAF, MENTALLY DEFECTIVE, AND EPILEPTIC CHILDREN.

Blind—Two children (one boy and one girl) are resident in the Birmingham Institute for the Blind. They are making good progress. The boy is of rather low mentality ; the girl appears to be very intelligent and is doing well. The cost to the Education Committee of these two children during 1934 was £293 12s. 8d.

Partially Blind Children.

There are 20 partially sighted children—8 boys, 12 girls. As there is no special class for such children in Dudley, they attend the ordinary Elementary Schools. Every consideration is shown to them by the Teachers. Most of these children are high myopes.

Deaf.

There are 9 Deaf children attending the Deaf School in Dudley—4 boys and 5 girls. Other children from outside Authorities also attend this School.

There are also 30 partially deaf children. These attend the ordinary Elementary Schools.

All these children are kept under observation and from time to time are seen at the Ear, Nose and Throat Clinic at "The Firs."

Mentally Defective Children.

There are 38 Feeble-minded children attending the Public Elementary Schools. In addition there are 12 children shown as suffering from Multiple Defects, in each case Mental Deficiency being a component part. Also during the year 8 cases were notified to the Local Authority, (a total of 32 cases having thus been notified). There are two cases resident in Certified Schools for Mentally Defective children. The cost of these for the year was £143 10s. 0d.

A small occupation Centre has been working for the past year or so in the basement of the Technical School at St. James' Road. Owing to the want of sufficient accommodation the numbers have been kept within limits. The staff consists of two full-time paid teachers and a part-time cook.

The Centre is conducted every day from 9.30 a.m. to 3 p.m., and the children have a midday meal for which a small charge is made.

Arrangements have been made for fresh quarters for this Centre. They will be more commodious and no doubt the numbers will increase. At this Centre some of the children notified to the Local Authority attend. During the year 8 children were notified to the Local Authority.

Mental Deficiency (Notification of Children) Regulations 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1934, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified 8

Analysis of the above Total.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	—	—
(b) Imbeciles	1	—
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives ...	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	2	5
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases	—	—
<i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.		
4. Children who in addition to being mentally defective were blind or deaf... ..	—	—
<i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii)....		
GRAND TOTAL ...	3	5

During the year conferences have been taking place between six Local Authorities, viz., Dudley, Worcester City, Worcester County, Wolverhampton, Smethwick, and Burton-on-Trent, with a view to the erection of a joint M.D. Colony, probably near Kidderminster. The accommodation will be for about 600 beds. This scheme is gradually developing.

Epileptic Children.

Seven children have been shown as suffering from Epilepsy. One child is at a Certified School, one is at an Orphanage, 4 attend from time to time the Public Elementary School, and one is at home.

Multiple Defects.

Twelve children have been shown as suffering from Multiple Defects. They are classified as follows :—

M.D.+Blindness	...	...	...	1
" +Deaf+Cripple	...	...	...	1
" +Epilepsy	...	...	...	4
" +Cripple	...	...	...	4
" +Heart Disease	...	...	...	2
				—
				12
				—

The Blind boy is at the Birmingham Institute for the Blind, and the Cripple children are receiving or have received Orthopædic treatment.

Physical Training.

The physical training of children is carried out by the Teachers. No organiser of physical training is employed by the Education Committee.

Provision of Free Meals and Free Milk.

Free Milk. At the end of December 1934, 1202 children were actually receiving **free** milk at Schools.

The total cost of this supply to the Education Committee during the year was £1,591 1s. 4d.

On the 1st October, 1934, the Milk Marketing Boards' Scheme came into operation when the price of $\frac{1}{8}$ -pint bottles was reduced all round to $\frac{1}{2}$ d. per bottle. This was immediately followed by a marked increase in the amount of milk purchased by the parents for their children.

The figures furnished to me by the Dairy Co. supplying all the milk to the schools are as follows :—

$\frac{1}{3}$ -pint bottles sold from January 1st to Sept. 30th, 1934 (9 months) :		
Paid for by parents	232,092 bottles.	
Paid for by Education Committee	318,960	"
$\frac{1}{3}$ -pint bottles sold from 1st October to 31st Dec., 1934 (3 months) :		
Paid for by Parents	207,816 bottles.	
Paid for by Education Committee	125,844	"

This makes a grand total of 884,712 $\frac{1}{3}$ -pint bottles, which is equal to 36,863 gallons for the whole year. In 1933 this amount was 27,221 gallons of milk, an increase of 9,642 gallons.

The milk is supplied by a large Dairy Co. operating in the Midlands. All the milk is Grade " A " quality and is Pasteurised.

Very satisfactory arrangements are made for warming the milk during the cold winter months.

Free Meals.

During the year the question was raised in Council of providing a free meal to necessitous children in the middle of the day. After a full and satisfactory enquiry into the matter, it was decided to put this scheme into operation.

The following notes have been supplied to me by the Director of Education :—

FREE MEALS.

- (a) Feeding Centres were opened on the 4th December 1934.
- (b) The number of individual children who received Free Dinners in December, 1934—150.
- (c) The Scheme provides for :—
 - (i) the whole of the food to be cooked at one Centre, viz., Christ Church Sunday School, North Street, Dudley.
 - (ii) the meals to be served at 5 Feeding Centres, viz.:
Christ Church Sunday School ;
Park Council School ;
Northfield Road Council School.
Priory Council School ;
Holly Hall C. Junior School.
 - (iii) the meals to be distributed to 4 of the Centres by a motor lorry, which also brings back each day, the Containers, etc., in which the food has been sent out.
 - (iv) at each Centre a woman is responsible for the preparation of the tables and the serving of the food, as well as the washing up of the Crockery, etc. ; (**two** women at Park Centre).

- (v) a teacher is present at each Centre every day, and marks the Meals Register and generally supervises the proceedings.

The teachers have volunteered for this work, and Rotas of Teachers at the 5 Centres are arranged by the representatives of the teachers.

- (d) Specimen Menu (week commencing 14th January, 1935) :
Stewing steak, Potatoes and Onions, Gravy, Jam roll and custard.

Roast Beef, Potatoes and Cabbage, Rice pudding and stewed apples.

Cottage pies, Potatoes and Peas, Fruit rolls and custard.

Boiled mutton and mixed vegetables, Bread and butter pudding.

Boiled fish, Potatoes and Parsley sauce, Rice pudding and stewed apples.

Mr. Whaley, the Director of Education, put a considerable amount of hard work into this matter. The scheme has been well organised by him, and has been working very satisfactorily since its inception. Our best thanks are due to Mr. Whaley and all the teachers who have volunteered their services in this connection.

All the children are in the first instance recommended for Free Milk or Free Meals by the Head Teachers. Full investigation of financial and family circumstances are made at the Education Offices, and then all these children are examined by Dr. Hughes, my colleague, who confirms (or not, as the case may be) the recommendations made by the teachers.

The qualifying clause of the Board of Education is carefully complied with, *i.e.*, that free milk or meals can only be given if in the opinion of the doctor the child is not deriving the full benefit of the Education provided owing to the fact that he or she is under-fed.

Owing to the fact that the Free Meals Scheme was not started till December 4th, it is not possible yet to make any remarks on the benefits accruing to the children.

Teachers are all agreed, however, that the supply of free milk has done a great deal to improve the conditions physically and mentally to the children.

Co-operation.

Every effort is made to obtain the co-operation of all people likely to help in the work of the School Medical Service. I know and very much appreciate the help given by most of the teachers. I am convinced that most of them do feel that the Medical Services of the Education Committee do tend towards a better general physical condition of the pupils. Nevertheless, there are

a few whose enthusiasm is not so great. I would like to do anything in my power to bring that enthusiasm "up to the scratch." Some of our methods and plans at the Clinic may not meet with their approval and which they feel can be improved. I know that this may be so, and I wish to say that I am at all times open for any suggestions that they care to make. I remember some years ago that I asked to meet the teachers to discuss matters connected with the School Medical Service, but for some reason or other my suggestion was not accepted and I have not repeated the offer. However, I still have an open mind.

Parents, of course, have the last word to say in the matter of co-operation. It is for teachers, attendance officers, nurses, dentists, and doctors to get the support of the parents.

The N.S.P.C.C.

I always obtain the help of the local Inspector of the Society. He has been most helpful to me in this work. I frequently report cases to him and from time to time he brings cases to my notice. In consequence of the valuable help I obtain from the Society, I unhesitatingly support their claim for consideration by way of a donation from the Education Committee. This work they do is for the School Medical Service, and therefore, in my opinion, they merit this consideration. Mr. Budd is a very keen, earnest, and tactful worker, and during the year he has investigated the following cases referred to him by me : —

General neglect	...	...	...	21
Dirty heads	...	...	...	8
Impetigo	...	...	...	8
Dental cases	...	...	...	6
Nose and Throat (including aural)	...	...	...	3
Ophthalmic	...	...	...	2
				—
				48
				—

Secondary Education.

I, personally, continue to do the School Medical Inspection work at the Girls' High School in Dudley. As a rule four half-days are spent at the school during each term, viz., before Easter, during the summer, and in the Autumn. To these Inspections all the parents are invited, and I am glad to say that a very large number of them attend. A School Nurse and Miss O'Dwyer (the mistress in charge of the physical training work at the school) are present at each inspection.

There were 405 children on the School Register during the year. These children are from Dudley, and from the outlying districts of Staffordshire, 158 being from the latter and the remainder from Dudley.

In the year 260 children were examined at the Routine Inspections. As specials and re-examinations 43 were seen, making a total of 303.

Amongst this number 26 defects were found. These defects are set out in a table at the end of the Report.

Medical Treatment.

All defects are pointed out to the parents and they are advised to consult their own doctors with regard to the necessary treatment. In a few instances of the Dudley Scholarship children, they are asked to attend at "The Firs" for treatment. This refers more to Dental Treatment.

With regard to Staffordshire Children, a report is sent to the School Medical Officer of Staffordshire, stating the name, address, and defects found, and the treatment recommended.

All children with defects are closely followed up and are re-examined by me at one or more later inspections, and a further report is furnished to the Staffordshire School Medical Officer as to progress.

I think it is fair to say that on the whole the general physical conditions of the girls at the High School is very good indeed. There is no doubt that there has been a marked improvement during the later years, as compared with the earlier years of my office. I am sure girls look after their teeth and feet more than they did formerly.

Training College.

The students from the Training College in Dudley continue to attend our Clinics at "The Firs"—usually three male students attend the School Minor Ailments Clinic and three Girl Students the Baby Clinic. At these Clinics they see the types of cases that attend, and the nature of the treatment ordered. One attendance at a Clinic is not much, but perhaps it just makes that impression on their minds which later on, when they are teachers, will help them to co-operate with the School Medical Service on behalf of the health of the child.

Health Teaching.

As usual Health Week was again celebrated in the Schools from November 26th—30th inclusive.

The programme was arranged on the same lines as in former years, *i.e.* :

1. Films were shown in the Picture Houses.
2. Dental Talks with models.
3. Talks on Health subjects.
4. Exhibition of Posters.
5. Distribution of leaflets.

Films.—The Cinema Managers very kindly placed their houses at our disposal for one morning each during the week. Five Picture Houses were thus obtained, and the same films were shown to different groups of children in different Cinemas.

The Films chosen were :—

1. A Brush with the Enemy (From the Dental Board of the United Kingdom).
2. Food, Digestion, and Air \ (From the Food
3. Confessions of a cold / Education Society).

At each of these shows a talk was given by myself.

All the arrangements made by the Managers were excellent and they all took a personal interest to make the proceedings a success. I am very grateful to them and thank them.

Dental Talks.—The Dental Board of the United Kingdom was very kind in reserving for us their Portable Exhibition. They also sent Mrs. Lloyd, one of their Demonstrators, to stay for the week. Three demonstrations were given each day in different schools to the senior children. They were much appreciated, and the Teachers spoke very highly of Mrs. Lloyd.

Health Talks.—Dr. Hughes, my colleague, visited three or four schools each morning, and gave the children a talk on health matters. On the other mornings the teachers carried out this part of the programme.

Health Posters.—A good supply of posters was obtained from the Health and Cleanliness Council and from the Dental Board and a certain number were sent to every school in the Borough. These were displayed in the schools.

Leaflets.—A special leaflet was prepared on "The Food of the Child," jointly edited by the Director of Education, a Head Master (Mr. Cartwright), and myself. Several thousands of these were printed, and they were sent to the parents in an envelope.

Large numbers of another leaflet—"Thoughts on Food and Feeding"—were given to the mothers at the Clinics.

Everything in connection with our Health Week went off very successfully, and I am grateful to all who helped, especially the teachers.

Visit to the Hopfields.

On September 13th, as in former years, a large deputation of the Education Committee and School Medical Service Committee visited the Hop Farms in Worcestershire and Herefordshire, where Dudley children were to be found.

The Deputation was broken up into three parties, each party visiting a certain number of farms. A joint report was drawn up by the several parties and put before the Committee.

As a result of this inspection the general opinion was that the living conditions of the Hop pickers had improved of recent years, but that there was still room for considerable improvement. There was not the slightest doubt that the conditions on some of the farms were very good, but on some they were not good.

A Deputation again met the Hop Growers Association at Worcester, and discussed the matter in a friendly spirit. There is, of course, the other side of the question, and that is that conditions would not be quite so bad if the Hop pickers would do their part, and help to follow out the conditions of the Byelaws and keep their quarters clean. The farmers state that the pickers will not help, that they will not sleep in the quarters as arranged for them according to air space or sex separation, and that they are very untidy. In order to do something in this direction the "gangers" (*i.e.* the women who are responsible for collecting the pickers for the farmers) were got together at the Education Offices in Dudley during the summer and were talked to by the Chairman and other members with regard to matters of cleanliness and general hygiene. In addition two special leaflets of hints and instructions were printed and handed out to all those parents taking their children to the Hopfields.

I am quite sure that much could be done, both in the interests of the farmer and the picker, if a good "Pioneer man" were appointed by the farmer to maintain discipline, and to look after the general cleanliness of the camp. Having done this, if the farmer himself would only take a **daily** interest in this matter, I am sure much good would follow.

Cost of School Medical Service.

The amount expended on the School Medical Service during the year ended 31st December, 1934, was £5,007 4s. 1d. The amount recovered from parents and others was £109 3s. 1d.

COUNTY BOROUGH OF DUDLEY

School Medical Service

STATISTICAL TABLES

FOR

YEAR ENDING 31st DECEMBER, 1934

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	...	...	...	...	1173
Second Age Group	...	...	...	...	1244
Third Age Group	...	...	...	...	1300
<i>Total</i>					3717

Number of other Routine Inspections ... 1516

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	3671
Number of re-inspections	...	8573
<i>Total</i>		12,244

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended December 31st, 1934.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS.	
	No. for Treatment.	No. for Observation.	No. for Treatment.	No. for Observation.
Malnutrition	103	—	68	—
SKIN :				
Ringworm : Scalp	—	—	1	—
Body	—	—	7	—
Scabies	—	—	14	—
Impetigo	27	—	405	—
Other Diseases (Non-Tubercular)	13	—	421	—
EYE :				
Blepharitis...	15	—	24	—
Conjunctivitis	9	—	97	—
Keratitis	—	—	—	—
Corneal Opacities	2	—	—	—
Defective Vision (excluding Squint)...	74	—	49	—
Squint	18	—	10	—
Other Conditions	5	—	46	—
EARS :				
Defective Hearing	1	—	8	—
Otitis Media	39	—	77	—
Other Ear Diseases	22	—	43	—

NOSE AND THROAT :					
Chronic Tonsillitis only	...	...	—	—	—
Adenoids only	...	...	10	—	7
Chronic Tonsillitis and Adenoids	...	...	215	2	80
Other Conditions	...	...	19	—	56
Enlarged cervical glands (Non-Tubercular)	...	...	5	—	18
Defective Speech	...	...	24	—	3
HEART AND CIRCULATION :					
Heart Disease : Organic	...	...	16	1	7
Functional	...	...	—	—	1
Anaemia	...	...	32	4	61
LUNGS :					
Bronchitis	...	...	33	3	62
Other Diseases (Non-Tubercular)	...	...	4	—	15
TUBERCULOSIS :					
Pulmonary : Definite	...	...	—	—	—
Suspected	...	...	2	—	5
Non-Pulmonary :					
Glands	...	...	—	—	—
Bones & Joints	...	...	—	—	1
Skin	...	...	1	—	—
Other forms	...	...	—	1	—
NERVOUS SYSTEM :					
Epilepsy	...	...	1	1	1
Chorea	...	...	2	1	14
Other Conditions	...	...	2	—	2
DEFORMITIES :					
Rickets	...	...	—	—	1
Spinal Curvature	...	...	3	—	—
Other forms	...	...	11	1	11
OTHER DEFECTS AND DISEASES			51	4	1074
TOTAL			759	18	2689

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Disease).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected	Found to require Treatment.	
(1)	(2)	(3)	(4)
PREScribed GROUPS :—			
Entrants	1173	245	20.88
Second Age Group ...	1244	237	11.01
Third Age Group ...	1300	201	15.46
TOTAL (Prescribed Groups)	3717	683	18.37
Other Routine Inspections	1516	—	—
Grand Total ...	5233	683	13.05

TABLE III.*Return of all Exceptional Children in the Area.***CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Information is only required in respect of children suffering from any combination of the following types of defect :—

Blindness (Not Partial Blindness). Deafness (Not Partial Deafness). Mental Defect. Epilepsy. Active Tuberculosis. Crippling (as defined in the penultimate category of the Table). Heart Disease.

Number of children suffering from any combination of the above defects 12

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Enter in this Section only children who are so blind that they can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	20	—	—	20

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	—	—	—	9

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	30	—	—	30

TABLE III.—continued.**MENTALLY DEFECTIVE CHILDREN.****FEEBLE-MINDED CHILDREN.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	38	—	—	38

EPILEPTIC CHILDREN.**CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	4	1	1	7

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A.—TUBERCULOSIS CHILDREN.**I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.**

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	—	—	22	27

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category should include tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	18	—	7	30

TABLE III.—continued.**B.—DELICATE CHILDREN.**

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	35	—	—	35

C.—CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculosis and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	55	—	—	66

D.—CHILDREN WITH HEART DISEASE.

This Section is confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	16	—	4	20

MULTIPLE DEFECTS—1934.

Mental Deficiency—Blindness	...	1—at Birmingham Blind Inst.
Mental Deficiency—Deaf Cripple	...	1—at Backward Class.
Mental Deficiency—Epilepsy	...	4—3 at home. 1 Backward Class.
Mental Deficiency Cripple	...	4—4 at home.
Mental Deficiency Heart Disease	...	2—2 at home.
Total	...	12

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1934.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
<i>Skin—</i>			
Ringworm—Scalp. (Show separately in brackets the number which were treated by X-Ray)	1	—	1
Ringworm—Body	7	—	7
Scabies	14	—	14
Impetigo	405	—	405
Other skin disease	421	—	421
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II.)	167	—	167
<i>Minor Ear Defects</i>	128	—	128
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	740	—	740
Total	1883	—	1883

TABLE IV.—*continued.*

Group II.—Defective vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	No. of Defects dealt with		
	Under the Authority's Scheme.	Other-wise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including squint).	151	—	151
Other Defect or Disease of the Eyes (excluding those recorded in Group I.). ...	—	—	—
Total	151	—	151

Number of children for whom spectacles were prescribed :

(1) Under the Authority's Scheme	...	...	...	95
(2) Otherwise	...	...	...	—

Number of children for whom spectacles were obtained :

(1) Under the Authority's Scheme	...	...	...	95
(2) Otherwise	...	...	...	—

TABLE IV.—continued.

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
3	1	200	47	—	—	2	—	3	1	202	47	136	389

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated under the Authority's Scheme :

(i)	Residential treatment with education	...	...	11
(ii)	Residential treatment without education	...	...	—
(iii)	Non-residential treatment at an orthopaedic clinic	...	...	52
Number of children treated otherwise :				
(i)	Residential treatment with education	...	...	—
(ii)	Residential treatment without education	...	...	—
(iii)	Non-residential treatment at an orthopaedic clinic	...	...	—
Total number treated				63

Group V.—Dental Defects.

(1) Number of children who were :

(a) Inspected by the Dentist :

Aged 5	...	...	...	...	...	546
" 6	...	...	...	...	...	721
" 7	...	...	...	...	...	666
" 8	...	...	...	...	...	748
" 9	...	...	...	...	...	883
" 10	...	...	...	...	...	744
" 11	...	...	...	...	...	1199
" 12	...	...	...	...	...	909
" 13	...	...	...	...	...	940
" 14	...	...	...	...	...	313

Total ... 7669

Specials 1947

Grand Total 9616

(b) Found to require treatment 5732

(c) Actually treated 5234

(2) Half days devoted to :	Inspection	...	...	...	36
	Treatment	...	...	...	686

Total ... *722

(3) Attendances made by children for treatment 7464

(4) Fillings :	Permanent Teeth	...	...	...	2237
	Temporary Teeth	...	...	...	293

Total ... 2530

(5) Extractions :	Permanent Teeth	...	...	...	1404
	Temporary Teeth	...	...	...	4698

Total ... 6102

(6) Administration of general Anæsthetics for extractions ... 4290

(7) Other Operations :	Permanent Teeth	...	...	...	1310
	Temporary Teeth	...	...	...	860

Total ... 2170

*In addition 8 Half-days were devoted to Health Propaganda.

Group VI.—Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses	...	...	...	9.6
(ii.)	Total number of examinations of children in the Schools by School Nurses	...	...	...	88898
(iii.)	Number of individual children found unclean	...	...	...	2261
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	2261
(v.)	Number of cases in which legal proceedings were taken :—				
	(a) Under the Education Act, 1921	...	...	...	Nil.
	(b) Under School Attendance Byelaws	...	...	...	Nil.

SECONDARY SCHOOLS AND CONTINUATION SCHOOLS.

TABLE I.

A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	67
Intermediates	...	...	...	...	...	...	11
Leavers	...	...	...	...	...	...	182
<i>Total</i>							260

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	33
Number of Re-Inspections	...	...	...	...	10
					43

TABLE II.

RETURN OF DEFECTS FOUND.

DEFECTS OR DISEASE.						ROUTINE INSPECTIONS.	
						No. for Treatment.	No. for Observation.
Malnutrition	...	...	...	...	...	1	—
Eye Disease	...	...	...	...	...	3	—
Nose and Throat	...	...	...	...	...	8	—
Ear Disease	...	...	...	...	...	2	—
Deformities	...	...	...	...	...	5	1
Other Defects	...	...	...	...	...	6	—
<i>Total</i> ...						25	1

